

Attachment 4.2(c) Summary of Input and Recommendations of the State Rehabilitation Council;  
Response of the Designated State Unit; and Explanations for Rejection of Input or  
Recommendations

Any projections, program continuations, etc. in this Attachment are subject to the availability of supporting funding in the Plan year.

Provided by the District of Columbia State Rehabilitation Council (DATE)

This attachment is the District of Columbia Rehabilitation Council's (DC/SRC) input to the State Plan. It includes the following, which was compiled from:

- Recommendations from the DC/SRC's annual report (FFY 2006-2007)
- Comments on the Proposed State Plan for the District of Columbia Rehabilitation Services Administration for FY 2010
- Review of items in last year's Attachment

**COMMENTS:**

Attachment 4.8 (b) (1)

Cooperation with Agencies and Entities Not Carrying Out Activities under the Statewide Workforce Investment System.

Comment 1

The proposed attachment does not address the existence of Memorandum of Understanding (MOU) set forth in 34 C.F.R. 361.24. That regulation requires MOUs setting out the cooperation and coordination with other Federal, State, and local entities other than the MOU with the Local Workforce Investment Board required by Federal Regulation 34 C.F.R. 361.23.

The text of the draft attachment lists several organizations with which DCRSA is collaborating: Court Services and Offender Supervision Agency of DHS (DHS/CSOSA), Department of Health (DOH), , Addiction Prevention and Recovery Administration (APRA), Department of Mental Health DOH), Department of Mental Health (DMH), Martin Luther King, Jr. Public Library, Office of Disability Employment Policy (ODEP), and United States Environmental Protection Agency (EPA) Goodwill, and the Advisory Council of the Bridges Business Advisory Council of the Marriott Foundation for People with Disabilities. However, no MOU is mentioned for these other than DHS/CSOSA and EPA. For CSOSA, "DDS/RSA is renegotiating its Memorandum of Agreement to continue this valued relationship." And for EPA, "entering into an agreement . . . to set-up a 10 week intern/on the job training to allow (5) student summer internship for transition youth.

Are the agencies and entities mentioned above partners under the One-Stop service delivery system of the Workforce Investment Act? If they are, what cooperative agreements have been signed? What is the impact on the State Plan? Specifically, are there MOU's for each of these agencies and entities? How current are they? How specifically does each relate to an Order of

Selection and the proposed State Plan. How much time and effort is expended on these activities, by whom, with what results.

An MOU with the Local Workforce Investment Board is required by Federal Regulations (34 C.F.R. 361.23). CAP recommends that it be reviewed and updated in light of the Order of Selection, the State Plan and any cooperative agreements that may have been entered into with other entities that are partners under the One-Stop service delivery system of the Workforce Investment Act.

#### Attachment 4.8 (b) (2)

#### Coordination with Education Officials to facilitate the Transition of Students with Disabilities from School to the Receipt of Vocational Rehabilitation Services

##### Comment 2

The second sentence<sup>1</sup> of the first paragraph invites the question “What procedural mechanism is used to identify to DCRSA a student in need of transition services?” To CAP’s knowledge, there are no procedures to pass the identification from the school to DCRSA. DCRSA relies on the student to identify him or herself to DCRSA. However, that presumes the student or family is fully aware of the purpose of the DCRSA program, its eligibility requirements, its application procedures, and the scope of services that it may provide. To CAP’s knowledge, the existing MOU covering DCRSA relationship with educational agencies is contained in a universal MOU encompassing many diverse agencies including even the Parks and Recreation Department. This MOU, required by the Federal regulations (34 C.F.R. 361.22), is outdated. The consumers, RSA staff and the Federal authorities have found this to be most urgent. It must be completed by January 1, 2010. The drafting of an MOU with solely education officials should be given maximum effort postponing efforts to contain other agencies in the document.

CAP recommends that the highest priority should be placed on completing a single MOU with education officials regarding coordination as required by the Federal regulations (34 C.F.R. 361.22) to most specifically put in place detailed procedures to identify to DCRSA those students with disabilities who are in need of transition services. The existing outdated MOU does not have plans, policies, and procedures to effectively facilitate the transition of students with disabilities from secondary school to the receipt of vocational rehabilitation services from DCRSA’s purpose.

##### Comment 3

In the first paragraph of this section, DDS/RSA should clarify why it is necessary to “distinguish between diploma and certificate receiving students” in terms of providing transition services. It is unclear how the distinction would change the delivery of transition services, since the service

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1 “DDS/RSA coordinates services with education officials to identify students with disabilities receiving special education services and to students with disabilities in the general population who will need services in order to move into the World of Work.”

should be individualized based upon the specific needs and goals of the student. In the second paragraph, the Memorandum of Agreement (MOA) to more closely align D.C. Public Schools (DCPS) and DDS/RSA is an important step in ensuring efficient and effective youth transitions. However, many students with disabilities are in charter schools; some charter schools are their own local education agency. These students should also benefit from interagency agreements. Additionally, Sec. 101 (a) (11) (D) of the *Rehabilitation Act of 1973* states that the State Plan should contain “information on a formal interagency agreement with the State education agency.” For all of these reasons, the MOA should extend to the Office of the State Superintendent of Education (OSSE) so that charter schools are part of the cooperative agreement.

#### Transition Planning by Personnel of the Designated State Agency and Educational Agency for Individual Educational Plan (IEP) Development and Completion

##### Comment 4

It is vital that Rehabilitation Services Administration staff be present at the Individualized Education Program (IEP) meetings when transition is being considered. DDS/RSA staff has transition expertise that special education teachers and coordinators do not necessarily have. The State Plan suggests that the onus is on the school to invite the appropriate parties involved in transition. Ideally, the school and DDS/RSA should share the responsibility to have the appropriate people involved in transition present at IEP transition meetings. More specifically, DDS/RSA should do outreach to all schools, including DCPS, charters, and nonpublic schools, so that the schools know who the appropriate person to contact is. This will help to ensure that all parties that should be a part of transition planning are at the table.

#### Roles and Responsibilities

##### Comment 5

According to the Sec. 101 (a) (1) (D) of the *Rehabilitation Act of 1973*, the State Plan should contain “information on a formal interagency agreement with the State education agency.” As a result, the MOA to foster collaboration and cooperation around transition services must include the Office of the State Superintendent of Education (OSSE). DCPS and other local education agencies may also be included in the MOA.

The resulting changes in the “roles and responsibilities for each partner agency” would be as follows:

1. Insert “local education agencies” instead of “District of Columbia Public Schools;”
2. Take out “DCPS” and insert “local education agencies” in its place; and
3. Insert “consultation” as a service that the Rehabilitation Services Administration will provide. The sentence would read: “The Rehabilitation Services Administration will provide consultation and technical assistance to...”

#### Attachment 4.8 (b) (3)

##### Cooperative Agreements with Private Non-Profit Organizations

#### Comment 6

Are there MOU's with Green Door, the Kennedy Institute, the ARC, the National Children Center and St. John's Community Center? If so how old are they? CAP recommends that any MOU's with Private Non-Profit Organizations be reviewed and updated in context of the Order of Selection.

Under Attachment 4.8 (b) (3), Cooperative Agreements with Private Non-Profit Organizations, it lists Green Door, Kennedy, ARC, National Children's Center, St. Johns, Deaf Reach and New Life. Is this meant to be an inclusive list or can it include other organizations that provide services? Currently, the average client: counselor ratio is 150:1 with the anticipation of attrition and retirements. The caseload could become larger and more complex per counselor necessitating more contractual agreements with other specialist vendors.

#### Attachment 4.8 (b) (4)

##### Arrangements and Cooperative Agreements for the Provision of Supported Employment Services

#### Comment 7

The draft states "DDS/RSA and DMH have reviewed the Memorandum of Understanding that establishes the working relationship between the two agencies for the provision of Supported Employment services and will continue to transfer funds from DDS/RSA to DMH to support its expansion of community providers for consumers with mental illness." If this is a joint program under 34 C.F.R § 361.27, has DCRSA submitted a plan to the Secretary of Education for approval that describes its shared funding and administrative arrangement?

#### Comparable Benefits

#### Comment 8

The Agency has not met its obligations under 34 C.F.R. § 361.53(d) which requires it to have an interagency agreement or other mechanism for interagency coordination to recover expenditure when the other agency do not provide the proper services on a timely basis and DCRSA has to step in to provide the services that would be otherwise available if the other entity did so on a timely basis.

#### Attachment 4.10 Comprehensive System of Personnel Development

#### Comment 9

The description of "Qualified Personnel Needs" on pages 1 and 2 appears to state that the client: counselor ratio will rise over the next five years from a current level of 150:1 to a projected level of 197:1 (21,420 individuals served by 108 VR counselors). However, the *District-Wide*

*Comprehensive Needs Assessment* (September, 2008) notes that high staffing ratios already impede the work of VR counselors (page 73: “Counselors report working with large caseloads and requirements, an average caseload being about 200 cases.”). In contrast, in 2005 DDS/RSA reported an average client: counselor ratio of 84:2. In light of this trend and the impact that high client: counselor caseloads can have on performance, DDS/RSA should:

- Clearly identify a target client: counselor ratio in the FY 2010 State Plan and provide an explanation of why the proposed client: counselor ratio will lead to improved outcomes; and
- Establish a clear path for reducing the client: counselor ratio over the next five years to a level at or below the national median.

Section (e), “Personnel to Address Individual Communication Needs,” (page 7) discusses staff and translation services for people with Limited English Proficiency and people who use American Sign Language. D.C. Official Code §2-1934 requires covered entities such as the Department on Disability Services (DDS) to have a language access plan and a language access coordinator. It may be helpful to reference in the DDS supports that are available to RSA under the DDS Language Access Plan and coordinator in this section.

Attachment 4.11 (c) (1) Goals and Priorities for the Vocational Rehabilitation and Supported Employment Program

Comment 10

All strategies described in this section should be specific and measurable. At a minimum, it should be possible to evaluate whether each strategy has been implemented fully or partially. Unfortunately, while most of the strategies appear to be desirable, many are so vague that it would be difficult if not impossible for DDS/RSA to identify whether or not the strategy has been implemented. For example:

- Strategy 1.1, “Create work experiences for youth,” fails to quantify the number of work experiences to be created as well as the number of youth who are to participate in the work experiences. Without any numeric goals, how will RSA know if it has implemented this strategy, or if the strategy was effective?

RSA should review and amend the following strategies to include quantifiable action steps:

Strategy 1.1, 1.4, 1.5, and 1.6

Strategy 4.1, 4.2, 4.6, 4.10, 4.12, 4.13, and 4.17

Strategy 5.3, 5.5, 5, 6, 5.7, and 5.8

Additionally, the following goal and priority areas should be revised:

1. Goal/Priority Area – Youth Transitions

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2 U.S. Department of Education, Rehabilitation Services Administration Fiscal Year 2005 Data Tables: Table 13- Mean Number Open Service Records during the Year per Counselor FTE-FY2005. Accessed July 15, 2009 at <http://www.ed.gov/rschstat/eval/rehab/statistics.html>.

The overall goal statement should be revised to reflect a goal of increasing the number of transition-age youth served by the agency and strengthening the employment outcomes they achieve. In 2007, nationally the percent of transition age individuals served to total individuals served was 26.84%; in contrast, the District served 12.33% in that same year<sup>3</sup>. DDS/RSA should establish a goal to increase the number of transition-age youth served in FY 2010, and over the long term to bring the agency closer to national norms. U.S. Department of Education, Rehabilitation Services Administration, RSA/MIS. Vocational Rehabilitation Services, Section 107 Tables. Accessed July 15, 2009.

Additionally, as recommended in the DDS/RSA *Fiscal Year 2008 Monitoring Report*, DDS/RSA should add the following strategies:

- Expand work with public charter schools. DDS/RSA should identify specific initiatives under this strategy.
- Conduct comprehensive training with all Client Services Division staff to ensure staff understands the role of transition services.

2. Goal/Priority Area – Work Environment

DDS/RSA should include a strategy that addresses reducing the counselor: client ratio.

3. Goal/Priority Area – Developing New Relationships with Mandated Partners.

Strategy 3.2 (relating to Schedule A appointment authority) and Strategy 3.3 (relating to the development of Randolph-Sheppard vending sites in DC properties) are both important goals. As worded, these strategies suggest that the outcome will be “a plan” for each. These two strategies should be reworded to include both a plan as well as *initial implementation* of the plan.

4. Goal/Priority Area – Increasing Meaningful Employment Outcomes

As noted earlier, many of the strategies under this goal area are extremely vague. In particular, it is unclear what Strategy 4.12 or Strategy 4.17 mean (e.g., How will DDS/RSA identify market demands? What sorts of new training will be provided? Will more training be provided? What is meant by “support”?). Additionally, how will the use of informercials increase employment outcomes (Strategy 4.14)? While in general terms, these strategies sound laudable, they should be revised to provide greater specificity, or deleted.

Additionally, as noted in the DDS/RSA *District-Wide Comprehensive Needs Assessment* (September, 2008), many individuals have questions and concerns about how working will affect their health insurance and public benefits. These issues can pose a barrier to meaningful employment if left unaddressed. It may be helpful to add a strategy on increasing training and informational opportunities about how work affects health insurance and

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<sup>3</sup> U.S. Department of Education, Rehabilitation Services Administration, RSA/MIS. Vocational Rehabilitation Services, Section 107 Tables. Accessed July 15, 2009.

benefits.

Finally, the *District-Wide Comprehensive Needs Assessment* also notes that “the length of time from referral to application to service delivery to closure leads to a much larger than normal unsuccessful closure rate.” DDS/RSA should add as a goal reducing the time between referral and IPE.

5. Goal/Priority Area - Improving Services including Assistive Technology, Supported Employment, Services for Persons with Severe Mental Illness and Traumatic Brain Injury, Youth and Adult Offenders, and Persons with Low Literacy Levels

As noted in the DDS/RSA *District-Wide Comprehensive Needs Assessment* (September 2008), DDS/RSA is challenged to serve an increasingly diverse constituency that includes many people with Limited English Proficiency (LEP) as well as people with low literacy levels. In light of this, DDS/RSA may wish to add goals and strategies that address:

- Marketing and outreach efforts to LEP individuals (e.g., creating brochures and other materials in languages other than English; outreach with and through community partners that work with LEP individuals, etc.).
- Development of new relationships with community partners and vendors who are experienced in working with LEP individuals.
- Consideration of low literacy levels when developing general marketing and outreach strategies.
- Development of relationships with community partners and vendors who are experienced in working with individuals with low literacy levels.

The *District-Wide Comprehensive Needs Assessment* also identifies persons with criminal backgrounds as being a particularly difficult-to-serve population. It may make sense for DDS/RSA to develop a stronger relationship with the D.C. Office of Ex-Offender Affairs. This could be included in Strategy 5.1.

Attachment 4.11 (c) (3) Order of Selection

#### Comment 11

Because an Order of Selection restricts limits and excludes the provision of services to particular individuals, the question of whether and when it is adopted merits substantial consideration and attention by all parties. I believe the comments made on the FY2009 State Plan by the previous State Rehabilitation Council are equally applicable and appropriate regarding the FY2010 State Plan. Those comments are as follows:

The SRC has great concern with regard to the issue of (the) Order of Selection. The

members fully understand that establishing a process and criteria of entering into an Order of Selection is not only prudent but is required for DC/RSA. They feel very strongly, however, that inadequate financial information has been presented to the SRC to justify a decision to enter into an Order of Selection automatically in the new fiscal year. Therefore, the SRC does not agree with this recommendation in the plan. The SRC also has great concern about the agency's ability to ensure that people are served according to criteria set in the Order of Selection Plan rather than by diagnosis. The SRC recommends that the Plan aggressively address how monitoring of the Order of Selection Plan will be done, including methods, time frames and accountable parties.

See SRC Comment Number 29 to the FY2009 State Plan

Under Attachment 4.11 (c) (3) Order of Selection, if implemented; only individuals with the most significant disabilities will receive VR services. The categories are listed as Priority Category I (most significant, limits three or more capacities), Category II (significant, serious functional impairment, two capacities), Category III (significant disability, one functional capacity, Category IV (all others). An individual with a significant disability means an individual with one or more functional capacities in terms of employment outcome and whose VR can be expected to require multiple VR services over an extended period of time (6 months). It is important to make note that these individuals may have lower return to work results than those with less significant impairments. This attachment also states that "most of the staff is new and inexperienced" thus further deteriorating the return to work closures. I suggest separating these issues from the Justification of the Order of Selection.

#### Comment 12

It appears that DDS/RSA has not updated the justification of the order of selection (page 3). The justification refers entirely to activities that will take place in fiscal year 2009. This section needs to be updated to reflect conditions that are likely to occur in fiscal year 2010 that DDS/RSA believes will justify an order of selection. These changes need to be made prior to the public release of the draft State Plan, so that both the public and the State Rehabilitation Council can provide feedback on the need to establish an order of selection.

DDS/RSA should also establish a policy for ranking individuals within a priority category by the person's date of application. This would provide a method for selecting individuals from a waiting list when DDS/RSA has enough resources to serve them, but not all, individuals in a particular priority category 4.

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4 Page 99 in: Robert "Bobby" Silverstein, J.D. (2008). *A Description and Analysis of the Federal and Selected State Policy Frameworks Regarding Order of Selection under Title I of the Rehabilitation Act*. Prepared for The Rehabilitation Research and Training Center on Vocational Rehabilitation, Institute for Community Inclusion.



When DDS/RSA notifies a customer of his or her individual order of selection determination (page 2), the notice should include a statement of the individual's right to appeal his or her category assignment (34 C.F.R. 361.361.36 (e) (2)). An individual should be able to appeal on the basis of existing assessment, not only "by submitting evidence that their disability has become more severe."

Finally, with regard to State Fiscal Year Services and Outcome Goals:

- The heading reads "Fiscal Year 2008". This should be changed to "Fiscal Year 2010".
- DDS/RSA appears to have dramatically reduced the projected number of people to be served in Categories II, III and IV from last year. In the FY 2009 DDS/RSA proposed serving a total of 4,918 people in Categories II, III and IV. In contrast, in the draft FY 2010 Service and Outcome Goals, DDS/RSA proposes serving 1,479 people in those three categories. At the same time, funding is level.

In other words, DDS/RSA is proposing to serve 3,439 or 70% fewer people in Categories II, III and IV, for the same amount of money. It would be helpful for DDS/RSA to explain the policy and programmatic reasons for this shift (for example, does the agency believe it could be more effective by devoting more resources to fewer people?). This would allow the public and the SRC to better evaluate this proposal. Additionally, one would expect that a reduction in the number of people served would be accompanied by an increase in employment outcomes (Status 26 Closures). DDS/RSA should therefore adjust its State Fiscal Year 2010 Service and Outcome Goals by increasing the projected number of Status 26 Closures.

## General Comments

### Comment 13

I have consulted the Policies and Procedures Manual when meeting with clients referred from RSA and found it to be helpful in answering their questions regarding what to expect from their VR counselor. It was especially useful for addressing the purpose of the DCRSA, especially when it stated that VR is for persons with disabilities to help prepare for and engage in gainful employment. Explaining each of the status categories was clear.

### Comment 14

On the National Coalition of State Rehabilitation Council ListServ, it was recently reported that state plans should include descriptions of the activities the state will conduct using funds from the American Recovery and Reinvestment Act (ARRA) of 2009. DDS/RSA should verify this and should include such descriptions of the use of ARRA funds, if appropriate.

**Attachment 4.8(b) (1)**

**Cooperation with Agencies and Entities Not Carrying Out Activities under the Statewide Workforce Investment System**

The Department on Disability Services, Rehabilitation Services Administration (“DDS/RSA” or “Administration”) values its relationships with its federal, state and local partners that are not part of the Workforce Investment System. The Administration is working aggressively to finalize its cooperative agreements. As the Administration transitions under new leadership, it is simultaneously implementing corrective measures to address the deficiencies while making gradual progress in completing its outstanding agreements.

Memoranda of Agreement with the following entities have been transmitted: The Department on Employment Services, The Department on Mental Health, The University of the District of Columbia, District of Columbia Public Schools, Developmental Disability Administration, Department of Human Services, Court Services and Offender Supervision Agency, and the U.S. Department of Labor, Office of Disability Employment Policy, District of Columbia Public Schools, Lt. Joseph P. Kennedy Institute of Catholic Charities, and “Project SEARCH” Cincinnati.

The Administration will continue to come into compliance with its outdated Agreements and plans to be in total compliance by fiscal year ending 2010.

## **Attachment 4.8 (b) (2)**

### **Coordination with Education Officials to Facilitate the Transition of Students with Disabilities from School to the Receipt of Vocational Rehabilitation Services**

The Department on Disability Services, Rehabilitation Services Administration considers service provision to high school students with disabilities and their families a major priority within the District of Columbia. The DDS/RSA coordinates services with local educational leaders in special education to distinguish between diploma and certificate receiving students who will transition from school to work.

The Department on Disability Services, Rehabilitation Services Administration is amending its cooperative agreement to efficiently coordinate more transition services with the District of Columbia Public Schools (DCPS). The participating partners in the newly drafted MOA are the DDS, Rehabilitation Services Administration and Developmental Disabilities Administration, and DCPS. To date, the Administration transmitted the draft Agreement for legal sufficiency review, and anticipates the finalization of this Agreement by September 30, 2009.

The DDS/RSA continues to participate on the DC Interagency Transition Council (DC ITC) monthly teleconferences on transition. The DC ITC consists of other public agencies, parents and students with disabilities.

Continued participation from DDS/RSA in the SAPSE, and DC ITC is essential to enhance transition services in the District of Columbia. Through active coordination with OSSE, the central DCPS offices, and other government agencies, DDS/RSA has made significant progress in identifying student and program needs, developing new strategies that focus on employment while in school, options and opportunities that assist students in making career choices; and, increasing awareness of support services and employment opportunities in the Washington, D.C. metropolitan area.

### **Provisions for Development and Approval of Individualized Plans for Employment (IPE) for Students with Disabilities**

As a result of the realignment in the Vocational Rehabilitation Services Division, the process of student referrals for services has been reevaluated to facilitate a more efficient transfer to the vocational rehabilitation counselor and to complete the IPE process prior to the student exiting high school. The new Deputy Director of DDS/RSA relieved the Transition Coordinator of her duties in November 2008, and subsequently, an Interim Coordinator was designated. This personnel change has resulted in improved staff morale, service coordination, overall performance in the Transition Unit and better service delivery.

## **Attachment 4.8 (b) (2)**

The DDS/RSA Vocational Rehabilitation Counselors, assigned to the schools with assistance from the Transition Specialists, are providing outreach, vocational rehabilitation services, and orientation to students, school officials, parents, and others involved in transition services. Only the Vocational Rehabilitation Counselor may determine a student's eligibility for vocational rehabilitation services, develop an approved Individualized Plan for Employment, and sponsor the delivery of necessary transition services to assist the student with planning for and obtaining successful post-school employment.

As a result of the newly drafted MOA, the Individualized Plan for Employment and the Individualized Habilitation Plan (IHP) are completed or updated as early as possible prior to the student's anticipated school exit to allow for a smooth transition to a student's desired post-school outcome.

Furthermore, the new agreement provides for the training of Transition Specialist by DCPS staff on accessing the DCPS Easy IEP automated system. This training will allow the Transition Specialist to review and retrieve the IEPs of students with disabilities who are exiting secondary school and transitioning to the vocational rehabilitation program for services.

### **Information on Formal Interagency Agreement with Respect to:**

#### **Technical Assistance and Consultation**

The provision of technical assistance to students and their families, guardians and surrogates in planning for the transition of students with disabilities from secondary school to post-school activities and inclusion in the adult community is stipulated in the amended MOA.

#### **Transition Planning by Personnel of the Designated State Agency and Educational Agency for Individual Educational Plan (IEP) Development and Completion**

The DCPS, Charter Schools, and Private Schools continue to work with the Rehabilitation Services Administration in the Transition Individual Educational Plan process. Schools invite the appropriate representatives that may be responsible for providing or paying for transition services, when the goal of the IEP meeting is to consider transition services. To plan effective transition services for students with disabilities, it is essential that all invited key representatives encourage and support participation in this process.

The Administration allocates approximately 52% of its staffing resources to transition services for students with disabilities. The installation of the new Case Management Information System during fiscal year 2009 will substantially improve the coding and tracking of transition service delivery.

## **Attachment 4.8 (b) (2)**

### Roles and Responsibilities:

As previously stated, the purpose of the MOA is to foster cooperation and collaboration between DCPS, DDS/RSA, and DDS/DDA. The Administration works to encourage other agencies to enter into formal agreements with DDS/RSA and DCPS to address consultation, coordination, and the provision of technical assistance to students [beginning at age 16 or earlier] and families in the development of vocational and independent living goals in preparation for the successful movement from school to employment and independent living.

The roles and responsibilities for each partner agency are as follows:

1. The District of Columbia Public Schools is responsible for the development, implementation and cost of educational and vocational programs that are consistent with the mandate of a Free and Appropriate Public Education (FAPE) in IDEA 2004.
2. The Developmental Disabilities Administration will assume case management responsibility for all students having an Individualized Habilitation Plan (IHP). Participate on the Residential Review Committee for students in residential programs. Share responsibility with DCPS in student's final school year for placement, training, and follow-along, to secure and maintain paid employment consistent with individual plans (IEP), (IPE), (IHP).
3. The Rehabilitation Services Administration will provide technical assistance or consultation to the school staff, students (beginning at age 16), and families in the development of vocational and independent living goals in preparation for the successful movement from school to employment/Independent Living.

### **Procedures for Outreach to and Identification of Students with Disabilities Who Need Transition Services**

#### Outreach and Identification of Students

Transition staff has presented and exhibited information on available vocational rehabilitation services and other resources at the Summer Youth Employment Fair held at the Walter Washington Convention Center. On March 18, 2009, staff attended the Child and Family Services Administration's Youth Career Fair at the Howard University Blackburn Center. On April 10, the Interim Transition Coordinator attended the Citywide Department of Parks and Recreation "Teen Night" kickoff for teens ages 13 to 19 yrs.

#### **Attachment 4.8 (b) (2)**

The transition staff will attend the next two scheduled Citywide Teen Nights on August 14 and September 25 to mingle with teens and distribute agency brochures and other marketing material to increase VR visibility.

On April 23, staff attended the Foundation Career Resource Fair at Foundations School in Largo Maryland (nonpublic school that funds DCPS transition youth). On May 8, staff attended the Department on Mental Health “Positive Nature” symposium at the Walter Washington Convention Center. On May 21, staff attended the DCPS Transition Resource and Career Fair at Van Ness Elementary School. On May 27, staff attended Chancellor Rhee’s Forum on Special Education at Elliot Hine Middle School; and, on June 6, the Interim Coordinator and staff presented an overview of the vocational rehabilitation process at the School Talk Stakeholders Forum at the University of the District of Columbia.

The DDS/RSA Deputy Director was appointed to the Bridges Business Advisory Council (BAC). This is a program developed and operated by the Marriott Foundation for people with disabilities (MFPD) to facilitate the growth, development, and support of the Metro-DC-Bridges from school to work program and its mission is to enhance employment opportunities for youth with disabilities.

## Attachment 4.8(b) (3)

### Cooperative Agreements with Private Non-Profit Organizations

The District of Columbia Rehabilitation Services Administration through Human Care Agreements and Memoranda of Understanding utilizes resources from public and private agencies to provide needed services for DDS/RSA consumers. The Administration through its Human Care Agreements, has sustained strong working relationships with the following network of private non-profit, community rehabilitation providers within the District of Columbia:

- Green Door provides vocational work adjustment training with emphasis in transitional employment for adults with significant and persistent mental illness to assist them in improving their functioning in the community, maximizing their community tenure and succeeding in obtaining and retaining employment. Emphasis is placed on supported employment and transition consumers.
- Green Door has another agreement with DDS/RSA to provide comprehensive independent living services to individuals with severe and persistent mental illness. The target population are adults eighteen years of age and older with a primary diagnosis of severe persistent mental illness, a significant number of whom have a secondary diagnosis of substance abuse. Many of these consumers are African American, Latino and Asian. Green Door is a model psychosocial program certified by the International Center for Clubhouse Development. Program services that are offered include, but are not limited to counseling, peer and family counseling, educational program advocacy, continuing education, guidance counseling, pre-vocational skills, basic education and literacy General Education Development training, life skills, information and referral for numerous support services.
- Lt. Joseph P. Kennedy Institute provides vocational and work adjustment training and work placement services to assist transition youth in preparing for the world of work, completing vocational evaluations and assessments, work adjustment training, supported employment, job placement and follow-along support. The Kennedy Institute specializes in services to adults with intellectual disabilities but also provides services to individuals with physical disabilities, mobility impairments, sensory limitations, autism, mental disabilities and substance abuse.

**Attachment 4.8 (b) (3)**

- The Arc of the District of Columbia provides services to persons with intellectual disabilities with primary and secondary disabilities. Services include, but are not limited to, work adjustment training for individuals with significant and persistent mental illness, vocational work adjustment training with emphasis on transitional employment and job placement.
- National Children's Center provides supported employment services and long-term follow-along services for persons with intellectual disabilities and developmental disabilities.
- St. Johns' Community Services provides supported employment services and long-term follow-along services.
- Deaf Reach provides comprehensive independent living skills services for persons who are deaf or hard of hearing.
- New Life provides independent living skills and recreational services for wheelchair users.



#### **Attachment 4.8 (b) (4)**

##### **Arrangements and Cooperative Agreements for the Provision of Supported Employment Services:**

The Administration's Supported Employment program (SE) for persons with persistent mental illness utilizes an evidenced-based approach to help individuals with the most significant disabilities to secure, retain, or regain competitive employment in an integrated setting that pays minimum or better wages, and provides benefits. Supported Employment services are individualized and include, but are not limited to:

- Counseling and guidance;
- Job coaching (on-the-job training);
- Rapid job search and placement;
- Short-term training
- Follow-along (unlimited supports); and
- Development of natural supports.

The Administration coordinates its Supported Employment services through partnerships with the DDS Developmental Disabilities Administration (DDA) and the Department of Mental Health (DMH). The partners have worked together to develop a cadre of community based providers with expertise in serving persons diagnosed with developmental disabilities and persons diagnosed with persistent mental illness. DDS/RSA and DDA have continued to establish Human Care Agreements with four (4) Supported Employment providers for persons with developmental disabilities as the payment mechanism for services.

The Evidenced-Based Practice (EBP) in Supported Employment for persons with persistent mental illness is a model that emphasizes employment as an alternative to other models, and has been adopted by DDS/RSA. The model affords the opportunity to make supported employment services accessible to individuals with a lack of job readiness, chronic substance abuse, a history of violent behavior, minimal intellectual capacity and / or the lack of the presence of symptoms of a mental illness. The Administration continues to improve and strengthen its partnerships with DMH and DDA to maximize the delivery of SE for individuals with significant disabilities and to improve competitive employment outcomes for its shared consumers.

#### **Attachment 4.8 (b) (4)**

As the program progresses, DDS/RSA will continue its role on the Interagency Committee on Supported Employment (ICSE) reviewing DDA consumers being considered for supported employment. The ICSE comprised of DDA, DMH and DDS/RSA, works together to increase the number of referrals for Supported Employment. The DDS/RSA SE staff continues to streamline the application process to ensure notification of appointments, eligibility determination, and Individualized Plan for Employment (IPE) is completed in accordance with federal requirements.

Long term follow-along extended services for consumers are provided by DDA and DMH. The DDS administers a DDA waiver which includes long term supports for consumers with developmental disabilities in Supported Employment as well as an array of other services such as residential, transportation, and homemaker services that may be required to support the client. The DMH provides on-going support through its core mental health agencies.

## Attachment 4.10

### Comprehensive System of Personnel Development

#### a) Data System on Personnel and Personnel Development

The training consultant hired in fiscal year 2009 will work with the Administration to develop a data system to be maintained in-house for collecting and analyzing on an annual basis data on qualified personnel needs and personnel development.

#### (1) Qualified Personnel Needs

(A) The number and type of personnel currently employed by DDS/RSA in the provision of vocational rehabilitation services broken down by personnel category are: (1) Deputy Director, (5) VR Senior Managers, (2) Medical Doctors, (7) VR Supervisors, (37) VR Counselors, (1) Employment Coordinator, (5) Transition Specialists, (5) Staff Assistants, (1) Program Specialist, (6) Program Monitors, (1) Program Support Staff, (6) Rehabilitation Assistants, (3) Secretaries, (9) Clerical Assistants, (1) File Clerk, (1) Clerk Typist, (1) Administrative Assistant, (1) Supervisory Services Management Specialist, (1) Special Assistant, (1) Program Analyst, (1) Administrative Specialist, (1) VR Evaluator, (1) Contract Specialist, (1) Procurement Support Specialist, and (3) Voucher Examiners for a total of **102**.

(B) **The average client: counselor ratio is 150:1.** The total number of personnel currently needed to provide vocational rehabilitation services is an additional (5) Rehabilitation Counselors, (5) VR Supervisors, (2) Rehabilitation Teachers, (1) Staff Assistant, (2) VR Program Specialists, (1) Program Analyst, (1) AT Specialist, (3 (1-ASL) Rehabilitation Assistants, and (1) Staff Interpreter for a total of **25**.

(C) Personnel expected to retire or leave the field in the next five years. The chart below provides a breakdown:

Staff	Program	Attrition	Retired
Senior Managers	VR		4
VR Supervisors	VR		3
Transition Supv.	VR	1	
Counselors	VR		2
Employment Co.	VR		1
Support Staff	VR		7

#### **Attachment 4.10**

The number of personnel expected to retire or leave the field in the next five years will be **approximately 17**. The projected total number of personnel needed in the next five years to provide vocational rehabilitation services to a projected population of **21,420** individuals will be **108** VR counselors and **60** support staff members.

#### **(2) Personnel Development**

- A. The following is a list of higher education institutions that are preparing vocational rehabilitation professionals: The George Washington University, University of Maryland College Park, University of Maryland Eastern Shore, and Coppin State University.
- B. The following is the number of students enrolled in the higher education institution in the District of Columbia: Two applications were submitted to The George Washington University for consideration of admission to the Certificate in Job Development and Placement Program. Upon successful completion, the students will be able to transfer credits for admission to the Master's Program in Rehabilitation Counseling if needed. At this time the Administration is identifying the training needs of its Vocational Rehabilitation Specialists/Counselors in order to develop individualized training plans that identify the educational and employment requirements needed to meet the Commission on Rehabilitation Counselor Certification standard.
- C. The DDS/RSA had no students to graduate from the above cited institutions in fiscal year 2008 with certification.

#### **Plan for Recruitment, Preparation and Retention of Qualified Personnel**

- (b) The Administration continues to recruit VR counselors based on the market labor rates for the VR series and successfully recruited vocational rehabilitation counseling staff in fiscal year 2008 with the assistance of DDS by posting its job vacancy announcements on the Internet to reach to a wider pool of candidates, with a specific outreach to minorities and to students with disabilities. The recruitment plan is focused on a preference for candidates with the master's degree in rehabilitation counseling and eligibility to sit for the CRC certification. Consideration will be given to candidates with the master's degree in counseling when the graduate transcript reflects a minimum of one graduate course with a primary focus on the Theories and Techniques of Counseling, along with additional course work and employment requirements as specified by the Commission on Rehabilitation Counselor Certification (CRCC). All universities within the DDS/RSA region are notified of job openings within the agency as they become available. The agency will continue to explore strategies to increase its recruitment efforts for counselors proficient in Spanish and American Sign Language.

Attachment 4.10

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## **Attachment 4.10**

### **Retention**

To facilitate retention of current staff, the DDS Director in March 2008, authorized a promotion plan that did not require a competitive selection process for all current rehabilitation specialists/counselors from Grade 9 to Grade 11 who met the four (4) promotion standards, which included successful completion of one full year at the Grade 9 level, achievement of a Masters Degree in Vocational Rehabilitation or Vocational or Educational Counseling or other fields related to the position, satisfactory performance evaluation and recommendation of their supervisor.

Additionally, rehabilitation specialists/counselors in the grade 11 positions may be recommended for promotion to the grade 12 level contingent upon successful completion of one full year at the grade 11, a current Certified Rehabilitation Counselor Certification, satisfactory performance evaluation and recommendation of their supervisor.

The DDS/RSA, as part of its retention strategy, will continue to work to implement an Awards Program for VRSD staff meeting federal and District indicators and standards. Recognition criteria will be developed for the various positions in the VRSD. Another strategy DDS/RSA will employ is to work with the DDS Office of Human Capital to develop an exit interview for employees leaving the agency to gain knowledge of how to improve recruitment and retention within the agency.

The database system cited in paragraph (a) above that provides for the coordination and facilitation of efforts between the designated state unit and institutions of higher education and professional associations to recruit, prepare, and retain personnel, who are qualified, including personnel from minority backgrounds and personnel who are individuals with disabilities will be created.

### **Personnel Standards**

- (1) The DDS/RSA standard for vocational rehabilitation counselors is consistent with the national standard of a Master's Degree in rehabilitation counseling or a closely related field, as defined by the CRCC.
- (2) This plan includes discussing the requirements with staff who do not meet the requirements, offering tuition support, encouraging staff to apply for grants from universities and colleges that offer the Rehabilitation Counseling program and, meeting with the DDS Office of Human Capital to coordinate the plan for meeting the CSPD requirements and alternatives for counselors who fail to participate in the Masters degree program by year 2011.

**(3) Written Plan for Personnel Standards:**

**(A) Strategies for Retraining Personnel**

The DDS/RSA will follow the recommendations outlined in the 2008, District-Wide Comprehensive Needs Assessment Final Report to give priority to the individual training needs of all agency personnel on the newly developed agency policy and procedures manual and materials. The training will include caseload management and caseload functions and the use of office support personnel and available technology.

**In-Service Training Grant**

The DDS/RSA training coordinator was rifled. Consequently, the DDS/RSA hired a consultant with expertise in creating a VR staff development and training program. The consultant will be instrumental in the submission of the federal training grant report that is due in June 2009. The consultant will further create an automated database that will assist the Administration in developing individual development plans for its employees, specifically direct service staff.

The Administration's training curricula will focus on the following topics: ethics, preliminary assessment, eligibility determination, vocational evaluation, vocational counseling, job placement, rehabilitation technology, cultural competence, supported employment, transition from school-to-work, medical and psychological issues, caseload management, special programs, and individualized plan for employment development.

A variety of in-house training programs related to policy, casework review, new case management information system and follow-up programs each year in addition to numerous other programs will be offered, as needed. Counseling and non-counseling staff including administrative staff will continue to be provided appropriate training in core subjects. Staff from minority backgrounds and staff with disabilities will have equal access to generic training and leadership opportunities.

**Strategies for Recruitment and Hiring Personnel**

The DDS/RSA, in collaboration with the Office of Human Capital, has revised its position description for the vocational rehabilitation specialist to reflect the Commission on Rehabilitation Counselor Certification (CRCC) standard. The designated state unit continues to address the projected Human Resource needs for qualified personnel. During fiscal year 2009, the Administration will continue to seek support for a compensation level that would be more competitive.

#### Attachment 4.10

(B) Specific Time Period to Meet the Standard

The initial phase of the plan will focus on the rehabilitation counselors who will attend university programs in Rehabilitation Counseling to complete required graduate level coursework in January 2009. These individuals will have until October 1, 2015, to meet the CSPD requirements. As of October 1, 2015, any remaining VR Counselors who do not meet the CSPD requirements will no longer be able to perform the duties of a “qualified counselor.”

(C) Procedures for Evaluating Progress in Hiring or Retraining Personnel

The DDS/RSA will address the CSPD training needs of its staff in the following manner:

1. Educate the counselors regarding the CSPD requirements for the job.
2. Review each individual counselor’s transcript.
3. Involve DDS/RSA staff and Human Capital Personnel in the process.
4. Establish a monitoring system for quarterly updates on staff progress with their plans.
5. The DDS/RSA expects all staff to be in compliance by 2015.

The Administration will offer tuition support and encourage staff to apply for grants from universities and colleges that offer the Rehabilitation Counseling Program. Another phase of this plan will include referring counselors who are no longer able to perform the duties of a qualified Vocation Rehabilitation Counselor by October 1, 2015, to the DDS Office of Human Capital, Human Resources Department to discuss options for counselors who fail to participate in the Masters Degree Program by **year 2010**. Additionally, the Administration plans to establish a policy that will require all VR Counselors who receive educational financial assistance to agree to continue working with the DSU for two years for every nine (9) credit hours completed. If a Vocational Counselor chooses to leave prior to the end of the two (2) years, he/she will be required to reimburse the Administration for financial assistance received.

**Attachment 4.10****D. Initial Minimum Qualifications of Newly Hired Personnel & Identification of a Plan for training such individuals to meet the CSPD standard.**

The Administration's initial minimum qualifications of newly hired personnel when after, extensive efforts, the agency is unable to find acceptable candidates at the master's level in rehabilitation counseling or the master's degree in counseling or as counseling-related may include but not necessarily be limited to, degrees in rehabilitation, special education, social work and psychology, and a minimum of one graduate course with a primary focus on the Theories and Techniques of Counseling reflected on the transcript.

The Administration will pay for and require the following graduate courses for new counselors or a supervisor with a master's in a related field, as cited above. The number of additional required courses will depend on the previous education of the new employee as well as the total months of vocational rehabilitation counseling experience. The Administration's definition of education, course curriculum, and experience is based on the current standards of the Commission on Rehabilitation Counselor Certification.

Listed below is a breakout of the educational achievements of the vocational rehabilitation counselors at DDS/RSA and the number of VR counselors and managers who can retire within the next four (4) years.

Education Status of Rehabilitation Counselors as of 6/30/09

<b>Counselors currently employed</b>	<b>36</b>
<b>Hired and scheduled to start by Sep 09</b>	<b>4</b>
<b>Counselors with BS/BA Degrees</b>	<b>0</b>
<b>Counselors with Master's degrees</b>	<b>36</b>
<b>Counselors expected to retire in 4 years</b>	<b>2</b>
<b>Managers expected to retire in 4 years</b>	<b>10</b>
<b>Counselors with CRC Certification</b>	<b>3</b>
<b>Counselors eligible to sit for CRC exam</b>	<b>7</b>
<b>Counselors unable to sit for CRC exam</b>	<b>29</b>



## **Attachment 4.10**

### **(d) Staff Development**

(1) The George Washington University RRCEP Program is the TACE Center for the Mid-Atlantic Region and is being utilized to provide training in assessment, vocational counseling, job placement, and rehabilitation technology to vocational counselors and support staff. The Administration houses an Assistive Technology Training Center in-house and utilizes this resource to provide staff training in Assistive Technology from the representative.

(2) Regarding acquisition and dissemination to staff on vocational rehabilitation research, the DDS Director and her staff disseminate information via e-mail to all staff periodically on best practices and new developments, nationally and internationally. The Leadership Council, National Rehabilitation Hospital, and Office of Disability Rights are among other sources that disseminate research information in the field of rehabilitation.

### **(e) Personnel to Address Individual Communication Needs**

The Administration's service population includes Latinos, Chinese and Vietnamese. Counseling staffs have bilingual capability in Spanish and Chinese. Other staffs have bilingual capability as follows:

#### Staff who speak Spanish:

1 Manager  
2 Counselors  
1 Transition Specialist  
3 Rehabilitation Assistants  
1 Employment Coordinator

#### Staff who speak French:

0 Staff

#### Staff who speak Chinese:

1 Counselor

#### Staff who are fluent in American Sign Language

2 Managers  
2 Counselors  
1 Placement Specialist

#### **Attachment 4.10**

Currently, we have a Spanish language fact sheet about the vocational rehabilitation services. We are aggressively working on a public relations campaign to update the service brochure in Spanish and most recently French since French has been added as the second most non-English language spoken in the District.

##### Translation Services

The Administration continues to rely on the Institute of Languages and Cultures of the Americas for interpreter services and utilizes the “Language Line”: a telephone translation service that provides immediate access to translation services in a variety of languages. The DDS/RSA provides interpreter services for our consumers who are hearing impaired or deaf. Last fiscal year our staff interpreter accepted a new position. We are now recruiting candidates to fill this vacant position. In the next few weeks, DDS/RSA should receive a selection certificate. Eligible candidates will be interviewed; and, one (1) will be selected to fill this crucial position. Several of our staff members are deaf and require an interpreter, as well.

#### **(e) Coordination of Personnel Development under IDEA**

##### Transition Staff Development Goal:

The Administration’s Transition Unit conducted and will continue to conduct training with the DCPS staff through staff development, staff meetings, and information forums. DDS/RSA will collaboratively plan and conduct joint professional activities that will meet the needs of State and local special education and DDS/RSA staff for the delivery of transition services as required by IDEA and the Rehabilitation Act of 1973, as amended.

## **Attachment 4.11(a)**

### **Statewide Assessments; Annual Estimates; Annual State Goals and Priorities; Strategies and Progress Reports**

#### Results of Comprehensive Statewide Assessment of the Needs of Individuals with Disabilities and Need to Establish, Develop, or Improve Community Rehabilitation Programs

#### **OVERVIEW**

The Department on Disability Services, Rehabilitation Services Administration, in consultation with the District of Columbia State Rehabilitation Council, contracted with Dan Hopkins & Associates, Inc. (DHA), in fiscal year 2008 to complete its three year comprehensive statewide needs assessment, as required by the Rehabilitation Act of 1973, as amended. Specifically, the results of the assessment describe the rehabilitation needs of the following groups of individuals:

- (a) Individuals with the most significant disabilities, including their need for supported employment services;
- (b) Individuals with disabilities who are minorities;
- (c) Individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program; and
- (d) Individuals with disabilities served through other components of the statewide work-force investment system.

Additionally, results of the assessment provide information about the Administration's need to establish, develop, or improve community rehabilitation programs within the District.

In reviewing additional information on the District of Columbia's economic profile for this study, it was revealed the District is first among 40 cities with the largest gap between the poor and the rich. The average yearly income of the top 20 percent of households in the District is an average yearly income of \$186,800, which is 31 times that of the bottom 20 percent, which earns only \$6,120 per year. The unemployment rate as reported in the 2006 American Community Survey (ACS) data for DC residents over 16 years of age is 9%.

#### **PURPOSE OF STUDY**

The purpose of this assessment was to identify the vocational rehabilitation needs of eligible individuals with disabilities residing in the District. Also, the aim of this study was to determine the Administration's need to establish, develop, or improve community rehabilitation programs in the District.

#### **Attachment 4.11(a)**

Specifically, the study responds to federal requirements specified in 34 CFR §361.29(a) (1) (i) & (ii) of the federal regulations requiring state VR agencies and their state rehabilitation councils to jointly conduct a comprehensive statewide assessment. The results from this statewide study will be used in reviewing, adjusting and developing the goals, priorities, and strategies in the 2010 federal state plan as well as in other agency planning projects.

#### **METHODOLOGY**

The needs assessment study was designed using four research objectives, which correspond to the four regulatory requirements listed above. Research Objectives 1, 2, and 3 were addressed through multiple strategies which included focus group discussions with DDS/RSA staff, SRC, CAP, SILC, key stakeholders and vendors. Additionally, a stratified random sample of 2400 VR consumers was surveyed on the basis of significance of disability (e.g. not significant, significant, and most significant). Approximately 347 usable surveys were returned. Objective 2 was addressed by comparing the American Census Survey data for the District of Columbia with applications data relevant to the VR program. Research Objective 3 was addressed by conducting on-site structured interviews with administrative personnel in the workforce investment system.

#### **Research Objective I: Results regarding Minorities with Disabilities and/or Individuals Who have been Unserved or Underserved**

Results from a review of the 2006 ACS survey for the District of Columbia report a total population of 581,520. Of this number, 32% of the D.C. population 16 years and over are below the poverty level, while 43% with a disability between the ages of 16 to 64 who may be eligible for VR services are also below the poverty level.

Six percent of DC residents over age 25 have less than a 9<sup>th</sup> grade education and 16% have no high school diploma or GED as reported by the 2006 ACS survey. These findings are contrasted with Region III having the highest number of college graduates in the nation. On the other hand, the education level available from the 2006, 911 data of VR consumers recently served reveal no formal schooling 3%, elementary education 7%, high school diploma 14%, special education certificate 4%, and high school diploma or GED 50%.

The employment opportunities within the District range from highly professional to unskilled and service-based jobs and it was reported that 90% of employment is service based. The opportunities for employment range from low-skilled workers to highly-skilled and professional types of employment. The study further indicates there appears to be a significant number of employment opportunities and employment related services present in the District, however, it is obvious that those services are not being coordinated or made accessible to those served by the Administration.

Attachment 4.11(a)

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#### **Attachment 4.11(a)**

Study findings strongly indicate that limited emphasis has been placed on employment or on the execution of service delivery strategies geared toward achievement of quality employment outcomes. The District of Columbia receives the greatest proportion of applicants with an employment disability from one (1) racial/ethnic group: Black non-Hispanic 85%. The largest number of participants for this study was from Wards 5, 6, and 8. The participants were single and equal in gender. The 2006-911 data show that the percentage of Black served was 91%, White 8%, Hispanic/Latino 5%, and Native American, Asian, and Hawaiian/Pacific Islander was less than 1%.

The largest foreign-born population group in the District in 2006 was from Latin America which equal 48%, Asia 19%, Europe 16%, Africa 14%, North America 2%, and Oceania less than 1% as reported by the ACS Migration Policy Institute (2008). Fifteen percent of the District's total population speak languages other than English, and 6% did not speak it "very well."

Study results show mental illness is the most reported primary disability while physical and sensory disabilities were a distant second and third among study participants. The 2006-911 data revealed 62% of consumers served were coded as having a mental disability as the primary disability, and consumers served presented a large number of related conditions, i.e. substance abuse and addiction.

Data analysis further showed "self referral" and "other sources" or unknown accounted for 68% of the referrals received by DDS/RSA. Also reported was an unusually large number of consumers who are "walk-ins" and/or who have had their case re-opened within a very short period of time since being closed. This finding points to a "revolving door" behavior indicating the need for specific policy development regarding these practices.

Education levels reviewed from 2006-911 data (at application) showed no formal schooling 3%; elementary education 7%; high school-no diploma 14%; special education certificate 4%; high school GED 51%; post-secondary education no degree 12%; associate degree or vocational/technical certificate 3%; bachelor's degree 5%; and master's degree or higher 1%. The educational levels at closure were more commonly at the same level with a tendency for scores to be a little lower than at application in most categories. Approximately 15% responding to the survey reported difficulty reading, writing, or speaking the English language.

According to this study the above mentioned findings have significant implications for outreach efforts, employment and training of personnel, as well as the need for remedial education for DDS/RSA consumers.

**Attachment 4.11(a)**

While potential loss of employment was not considered a barrier among 13% of the survey respondents, 37% indicated they could not afford to take a job due to potential loss of medical benefits. The data further revealed consumer goals and needs were predominantly in the areas of employment, education and training, followed by services related to medical conditions. The VR service desired most by respondents from DDS/RSA was assistance in obtaining employment.

The 911 data showed consumers that exited the VR system having achieved an employment outcome was 31% and consumers that received VR services from DDS/RSA reported that DDS/RSA did not assist them to obtain, maintain, or re-gain employment was 78%. Consumers that reported having knowledge or familiarity with Independent Living Centers (ILCs) were 27%, while those who reported having received services from ILCs were less than 2%. Consumers who responded indicating that they would like to receive services from an ILC were 70%.

This data supports the qualitative information from the rehabilitation community and key stakeholders which indicate that DDS/RSA does not appear to be focused on employment outcomes. This finding is further supported by the large amount of Independent Living services requested from community rehabilitation programs by DDS/RSA, and the very limited or non-existent requests for vocational related services.

Analysis of DDS/RSA's service delivery process of the types of services provided, and service outcomes showed consumers reporting self referral or referrals from "unknown sources" were 68%. Counseling and guidance services provided were 50%. Educational and vocational training services provided were 23%, basic academic remedial or literacy training services provided was less than 1%, job readiness training provided was less than 1%, job search and placement assistance services provided was 31%, rehabilitation technology services and on-the-job support services were less than 1%. Consumers exiting the VR system without an employment outcome were 66%; as an applicant were 26%; without an employment outcome after eligibility but before a signed IPE were 24%, and with an employment outcome were 31%.

A key service performance indicator shows the average number of days from application to closure was 663 days, from application eligibility determination was 42 days, from eligibility to closure was 753 days; days from application to IPE was 182 days, and days from IPE to closure was 723 days. Two thirds of consumers or 66% were coded as having a primary disability of mental illness. VR counselors reported substance abuse is prevalent with consumers making them less likely to complete their programs. Counselors also reported large numbers of consumers served have criminal records which make it difficult to place them into employment after completion of their program.

#### **Attachment 4.11(a)**

##### **IMPLICATIONS:**

1. As a result of DDS/RSA being located in such a diverse community, a high census of African American consumers might lead to a perception of inaccessibility for non African American consumers.
2. The large number of residents from emerging populations might not find the agency to have professionals with a diversity of language skills and other cultural competencies necessary to assist effectively in the rehabilitation process.
3. A lack of policies on case closure and the re-opening of a case might lead to an over-representation of consumers from differing disability types while effectively leaving other disabilities out of the service loop.
4. Having no specific standards and techniques for outreach and referral may lead to an over-representation of consumers from differing disability types while effectively leaving other disability groups out of the service loop.
5. The high number of mental health issues leads to an unusually high percentage of consumers receiving supported employment while reducing other services.
6. Because of the dependency on supported employment placement activities by DDS/RSA, staffs are neither efficient nor effective when meeting the needs of consumers who do not need supported employment.
7. The length of time from referral to application to service delivery to closure leads to a much larger than normal unsuccessful closure rate.
8. A lack of policies concerning sobriety leads to a larger than usual unsuccessful closure rate.

Research Objective 2: Assess the need to establish, develop, or improve community rehabilitation programs within the District.

Although the Community Rehabilitation Programs (CRP) reported no major problems in their working relationships with DDS/RSA, they did cite the following concerns:

- The working relationship was very limited and primarily informal.
- Some CRPs reported having a formal contract and others did not and had made no effort to develop or maintain a positive working relationship with DDS/RSA.

**Attachment 4.11(a)**

- Some CRPs also reported improvement in relationships between Programs and CRPs during the past months.
- All CRPs reported limited use of Program services by DDS/RSA.
- The Programs repeatedly reported DDS/RSA primarily requested independent living services with very limited to no vocational or employment oriented services being requested.
- The rehabilitation counselor knowledge regarding the nature and scope of program services available was questioned by some CRPs.
- There was concern expressed by some CRPs that they were not considered or regarded as a “partner” with DDS/RSA in the provision of VR services.
- The lack of partnerships with the CRPs and utilization of the CRPs are viewed as major weaknesses of DDS/RSA by the Stakeholder Focus Group.
- The number of CRPs in the District is insufficient.
- DDS/RSA has a very “low referral rate” to the existing CRPs, as reported by all groups participating in the Study.

**IMPLICATIONS:**

The above results have significant implications for consumers, potential consumers, DDS/RSA, and the CRPs in the District as noted below:

1. Quality services available to meet the broad range of unique rehabilitation needs presented by individuals with disabilities within the District is insufficient.
2. The under utilization of existing vocational and employment related services available through current CRPs has resulted in a negative impact on quality employment outcomes.
3. The lack of appropriate VR consumer services needed to be provided on a timely basis to retain consumers in the service delivery process, and to achieve positive rehabilitation employment outcomes.
4. The unmet need of many DDS/RSA consumers to receive remedial and pre-vocational services designed to assist with the prevailing illiteracy rate, job readiness, and career development skills and competencies necessary to obtain and maintain employment.
5. The need for CRPs to increase the number of qualified personnel hired to provide high quality rehabilitation services needed by DDS/RSA consumers.

Attachment 4.11(a)

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#### **Attachment 4.11(a)**

6. A major implication is the need to develop additional CRPs in key areas of the District and to expand services in existing CRPs.

Research Objective 3: Identify needs of individuals with disabilities served through other components of the statewide workforce investment system.

An on-site structured interview was conducted with Administrative personnel in the work force investment system in addition to data and information acquired from other study methodologies and sources to support and clarify needs and issues to address the above objective.

#### **OUTCOME/RESULTS:**

- There is no real or viable working relationship between DDS/RSA and the workforce investment system.
- No referrals are being made from DDS/RSA to the System.
- No referrals are being made from the System to DDS/RSA
- One percent of the clientele served by the workforce investment system are individuals with disabilities.
- The employment needs of DDS/RSA consumers in the District are not being fully achieved.
- The nature and scope of employment and employment related services currently provided are not totally adequate or appropriate to respond to the unique needs of consumers in the District.
- The Department of Employment Services utilizes Account Representatives to work with different areas of the workforce investment system and employers.
- There is no concerted effort by DDS/RSA to work with employers and the Agency needs to place more emphasis and focus on working in this area and “connecting to employers”.
- DDS/RSA is “absent from the employer table” when meetings are held with other components of the WIA system.
- Within DDS/RSA there is a lack of specific services for individuals with disabilities designed to assess and address their deficiencies in reading, writing, and other prevocational and job-readiness skills and competencies.
- Many individuals from emerging populations are not being served by the WIA system.
- Individuals from emerging populations are generally presenting themselves for “day labor” and service oriented jobs.

**Attachment 4.11(a)**  
**IMPLICATIONS:**

The above findings and results previously mentioned above fall into two categories:

- 1) Assisting consumers of DDS/RSA to prepare for, obtain, and maintain employment, and
- 2) A lack of cooperation limiting DDS/RSA's ability to provide its consumers with opportunities for pre-vocational, remedial and career training opportunities. The more specific implications include the following:

1. The lack of and/or the underutilization of assessment services focused on employability services and employment outcomes.
2. The lack of focus on employment outcomes limits the opportunity for consumers to obtain quality employment.
3. Failure to maintain a positive working relationship with the WIA system restricts involvement with employment services and the employer community.
4. Limited involvement with the WIA system deprives DDS/RSA of the opportunity to become better informed regarding the employment trends, job requirements, and the unique employment opportunities in the District.
5. DDS/RSA needs to work with community service providers, educational/training institutions and employers to ensure the availability of a broad range of academic and career development services designed to prepare consumers for employment.

**CUSTOMER SURVEY RESULTS & COMMENTS:**

Key Survey Results:

Study findings reveal 50% of consumers served were satisfied with the overall contact with DDS/RSA and 90% reported they would return to DDS/RSA for services and another 80% reported they would recommend others to DDS/RSA.

Consumers were asked to rate their experience with DDS/RSA's overall cultural sensitivity and how well DDS/RSA personnel understood their disability. Forty-four percent rated the experience as acceptable or unacceptable with regards to understanding their disability. This suggests the need for greater attention by DDS/RSA on meeting consumer needs with more understanding.

Consumers who were not satisfied with DDS/RSA services were asked to recommend what DDS/RSA could do to meet their VR needs. The larger majority suggested better communication and an improvement in the competency and compassion of the DDS/RSA staff.

#### **Attachment 4.11(a)**

##### Key Consumer Comments:

The survey had other open-ended questions that allowed consumers to express their opinions freely. Consumers indicated the biggest obstacle was the DDS/RSA bureaucratic system and their staff. Some consumers expressed a perception of the staff as not understanding disabilities, and not communicating clearly to them in a timely fashion. Consequently, some consumers found themselves shut out or time-barred. Consumers also indicated there were other obstacles such as their conditions became worse, or they became homeless or they had to work to survive and were therefore forced to drop out of their programs.

Consumers were asked what services would be useful. They listed employment as the most useful and necessary because it would provide them freedom and self-esteem plus the ability to pay their bills. Education, dental, and medical services were also listed.

## Attachment 4.11 (b)

### (b) Annual Estimates

The District of Columbia labor force data indicates that 391,946 residents are of work age. Of those who are of work age (16-64), 20,315 have disabilities and include 184,952 males, of whom 9,514 are unemployed; and 206,994 females, of whom 10,801 are unemployed.\*

#### Title I

Individuals to be served	7,024	
Cost of services	Federal	\$12,989,280
	Appropriated	<u>\$ 3,515,523</u>
	Total	\$16,504,803

#### Title VI, Part

Individuals to be served:	300
Cost of services:	\$300,000.00

Total estimated cost of vocational rehabilitation services and Supported Employment services are in federal dollars and a local match of \$3,515,523.

\*Source: Census 2000 Summary File 3 (machine-readable data file)/prepared by the U.S. Census Bureau, 2002 ([www.census.gov](http://www.census.gov)).

## **Attachment 4.11 (c) (1)**

### Goals and Priorities for the Vocational Rehabilitation and Supported Employment Program

#### Goals and Priorities

The District of Columbia Rehabilitation Services Administration (DDS/RSA) is located within the Department on Disability Services. The mission of the DC/RSA vocational rehabilitation program is to deliver vocational rehabilitation services to eligible individuals with disabilities to prepare, secure, regain or retain a successful employment outcome, or independence in their home or community. An analysis of our past public hearings, recommendations from the District of Columbia State Rehabilitation Council (DC/SRC) and other assessment tools, such as client satisfaction surveys, input from staff and the DDS strategic planning meetings assisted DDS/RSA in determining the following goals and priorities for fiscal years 2009-2015:

- 1) The DDS/RSA will create programs and services directed specifically to youth with disabilities in the District of Columbia in cooperation and coordination with other youth entities to develop creative and innovative projects.

#### Strategies

- 1.1 Create work experiences for transitioning youth.
- 1.2 Strengthen relationship with the Department of Employment Services Youth Program.
- 1.3 Re-evaluate existing transition programs to ensure we are effectively incorporating best practices (early identification, provision of work experiences, building leadership skills and personal interest).
- 1.4 Identify and implement (formalize) training modules (i.e. disclosure disability awareness, etc.) for transition staff to use with youth.
- 1.5 Initiate an aggressive effort to engage parents/families of transition youth throughout the Vocational Rehabilitation process.
- 1.6 Establish partnerships with parenting and community groups.

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- 2) The DDS/RSA will create a work environment that values continuous improvement and has as its goal to meet or exceed all federal standards and indicators.

Strategies:

- 2.1 Realign DDS/RSA, with emphasis on centralizing all vocational rehabilitation services creating and elevating the Visually Impaired Program activities to include program reports on Quality Alliance and Quality Improvement.
  - 2.2 Budget and purchase a new Management Information System.
  - 2.3 Train all staff on policies and procedures including compliance with federal and District regulations.
  - 2.4 Develop and implement customer service standards across Divisions and Units focused on meeting internal performance standards and federal and District of Columbia requirements for the Administration's customers.
  - 2.5 Create a cross cutting VR Counselor Network Team to discuss, model and share best practice interventions and troubleshooting strategies.
  - 2.6 Establish and implement a VR Counselor Awards Program for meeting federal and District of Columbia indicators and standards.
  - 2.7 Develop a best practice Quality Assurance and Quality Improvement component of DDS/RSA that links program outcomes and employee performance.
  - 2.8 Create employee performance goals that link directly to desired program outcomes.
  - 2.9 Create automated database that generates federal reports for compliance and timely reporting.
- 3) Create new relationships and improve existing relationships with its mandated partners and stakeholders that include the WIC, SRC, SILC, and the BVC.

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##### Strategies:

- 3.1 Review the legal mandates for working with these entities and develop long term strategies to maximize the benefits for DDS/RSA consumers.
  - 3.2 Develop a plan to implement the Schedule A appointment authority.
  - 3.3 Develop a plan for city officials to develop Randolph-Sheppard Vending Facility Program vending sites in District of Columbia properties.
- 4) The DDS/RSA will increase the number of employment outcomes that are meaningful and consistent with the customer's IPE.

##### Strategies:

- 4.1 Increase employment outcomes through self employment opportunities and through implementation of special hiring authorities.
- 4.2 Identify On- the-Job Training/Internship in District of Columbia Government, and private industry.
- 4.3 Implement Job Readiness programs to improve "soft skills".
- 4.4 Develop marketing strategies for employer services provided by DDS/RSA.
- 4.5 Establish relationships with federal selective placement coordinators.
- 4.6 Initiate aggressive marketing to public and private employers.
- 4.7 Develop a partnership with the Mayor's Employment Initiative.
- 4.8 Strengthen DC/RSA partnership with DOES (MOA).
- 4.9 Leverage the District's participation on the Board of Trade to present our issues.
- 4.10 Increase the use of Work Adjustment training to increase job retention.
- 4.11 Evaluate effectiveness of training provided by vendors.
- 4.12 Identify market demand and job skills needed and train to those skills (meet needs of workforce).

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- 4.13 Relate the “DDS/RSA story” better to our constituents (mass communications)
  - 4.14 Identify ways to utilize infomercials to increase employment outcomes.
  - 4.15 Train vocational rehabilitation counselors to do job placement and development.
  - 4.16 Become active members of the WIC.
  - 4.17 Provide better training and support for consumers.
- 5) DDS/RSA will improve, through creative and innovative program services including improved assistive technology services, and programs for supported employment, persons with severe mental illness and traumatic brain injury, youth and adult offenders and those with limited literacy skills.

#### Strategies:

- 5.1 Establish, and enhance partnerships with the Child and Family Services Administration, Department of Employment Services, District of Columbia Public Schools, Department Mental Health, Addiction Prevent Rehabilitation Administration, and Department of Youth Rehabilitation Services.
- 5.2 Research and develop best practice programs and services for traumatic brain injury and limited literacy skills.
- 5.3 Develop and implement job readiness program that is tailored to the preparatory needs of the client resulting in a good employment match.
- 5.4 Develop and implement an “on the job training” internship program that is tailored to the preparatory needs of the persons we serve resulting in their employment.
- 5.5 Focus on marketing and training strategies for Supported Employment staff and providers.
- 5.6 Research and apply for grants and/or other funding sources that can assist agencies in providing job readiness programs for youth and adults with low literacy.
- 5.7 Improve assistive technology assessment through enhanced policies and procedures.



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- 5.8 Expand the availability of assistive technology to consumers through a state-of-the-art Assistive Technology Resource Center.
- 5.9 Expand the assistive technology knowledge of staff through intensive training provided by DDS Training Institute.
- 6) DDS/RSA will continue to work collaboratively with its partners to update all Memoranda of Agreement and Understanding by the end of September 2009.

Strategies:

- 6.1 Develop a work plan identifying all memoranda of agreement and understanding that require updating, including Action Steps.
- 6.2 Contact University of the District of Columbia, Court Services Offender Supervision Agency, Department of Human Services, and Department of Employment Services associated with the MOUs or MOAs and schedule meetings to review and discuss the revision of these documents.
- 6.3 Revise all memoranda of agreement and understanding that require updating.
- 6.4 Provide training for staff on the MOUs or MOAs through DDS Training Institute.
- 7) The DDS/RSA will continue to recruit and retain a diverse and qualified staff that is committed to the DDS/RSA mission and vision for the District of Columbia.

Strategies:

- 7.1 Implement the recruitment plan.
- 7.2 Draft letters of introduction to be sent to all universities and colleges offering the Graduate Rehabilitation Counseling Program to establish a relationship.
- 7.3 Request information from the colleges and universities on their career days or job fairs for graduating students for presentations from DDS Human Resource staff and; request the use of their web-sites to post our vacancy announcements.
- 7.4 Establish and implement a VR Counselor Awards Program to meet federal and District of Columbia standards and indicators.

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7.5 Create a cross cutting VR Counselor Network Team to discuss, model and share best/ promising practice interventions and troubleshooting strategies.

- 8) The DDS/RSA will continue to meet with the DDS Public Information Officer and update all program areas brochures, fact sheets, displays to increase our awareness and enhance our visibility in the District of Columbia.

Strategies:

- 8.1 Complete the Request for Professional Support and obtain the signature of the Acting Deputy Director.
  - 8.2 Meet with the DDS Public Information Officer and discuss a work plan.
  - 8.3 Draft a work plan for implementation.
  - 8.4 Implement the work plan.
- 9) The DDS/RSA, in conjunction with the DDS Systems Planning Committee, will continue to upgrade the infrastructure of the management information system.

Strategies:

- 9.1 DDS/RSA, in conjunction with the lead of the DDS, Chief Administrative Officer And Chief of Information Technology has established a Systems Planning Committee.
- 9.2 The main objective of this committee will be to update the current infrastructure of the management information system at DDS/RSA.
- 9.2 The committee is exploring the best/most promising practices from other states, developing a Request for Information (RFI) to assist in evaluating the current market conditions, costs of VR case management software, determination of vendor qualifications, and survey of business processes applicable to software selection, software product type and project timelines.
- 9.4 The committee will conduct on-site visits to other state agencies.
- 9.5 The committee will review and analyze RFI from vendors and develop action plan.

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- 9.6 The committee will create an automated database that generates federal reports for compliance and timely reporting.
- 9.7 The committee will train staff on the new MIS system.
- 9.8 The committee will implement the new MIS system.

## **ATTACHMENT 4.11(c) (3)**

### Order of Selection

Attachment 4.11(c)(3) contains (A) the order to be followed in selecting eligible individuals to be provided vocational rehabilitation services; (B) a justification for the Order of Selection; and (C) identifies the service and outcome goals, and the time within which these goals may be achieved for individuals in each priority category within the order.

#### **Description of Order of Selection**

An Order of Selection is required under Section 101(a)(5) of the Rehabilitation Act, as amended, if a vocational rehabilitation agency determines that it is unable to provide services to all eligible individuals who apply for services. If an order of selection is established, services must first be provided to individuals with the most significant disabilities before they are provided to other eligible individuals.

#### **DDS/RSA Policy on Order of Selection**

The DDS/RSA established Order of Selection priority categories follow. Depending upon agency resources, the categories are closed for services in order beginning with Priority Category IV, then III, then II and, finally Priority Category I.

**Priority Category I:** An individual with a most significant disability

**Priority Category II:** An individual with a significant disability.

**Priority III:** An individual with a non-significant disability.

**Priority IV:** All other individuals non-significantly disabled.

#### **Definitions and Terminology**

An individual with a most significant disability is an individual who has a severe physical or mental impairment that seriously limits two or more functional capacities.

An individual with a significant disability means an individual;

- who has a severe physical or mental impairment which seriously limits one or more functional capacities (mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome;

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- whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time (3 months); and
- who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, visually impaired, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, intellectual disabilities, mental illness, multiple sclerosis, muscular dystrophy, muscular-skeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia and other spinal cord conditions, sickle cell anemia, specific learning disabilities, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.

An individual with a non-significant disability is an individual with a physical or mental impairment whose vocational rehabilitation is expected to require multiple services over an extended period of time.

All other eligible individuals are individuals who are non-significantly disabled and who cannot be classified into a higher priority category.

Extended Period of Time: Needs services for the duration of three (3) months or more.

Multiple Services: Two or more major VR services needed to achieve a successful rehabilitation.

This policy does not affect consumers who have begun to receive services under an Individualized Plan for Employment prior to the implementation date of the Order of Selection, or those in need of Post-Employment services.

After a consumer is found eligible for VR services, an Order of Selection determination is completed. Additional evaluations or assessments to make the eligibility determination may be provided. The VR counselor, in collaboration with the consumer, determines the consumer's priority category by evaluating the consumer's serious functional limitations, anticipated services needed and the duration of those services. Collaboration with the consumer, determines the consumer's priority category by evaluating the consumer's serious functional limitations, anticipated services needed and the duration of those services.

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All consumers must be officially notified of their individual Order of Selection determination. Consumers in closed Priority Categories are provided with referral services to the One-Stop Centers or other appropriate sources, and are placed on a waiting list for 12 months, unless the Category is opened prior to the conclusion of the 12 month period.

The consumer may appeal the determination of the Priority Category placement. DCRSA will provide the consumer with information on the appeal process including informal and formal due process procedures, such as administrative review, mediation, and review by an impartial hearing officer.

Annually, consumers in a closed Category are contacted to determine if they wish to remain on the waiting list or have their case(s) closed. Consumers in closed Categories may request a review of their Priority Category assignment by submitting evidence that their disability has become more severe.

**Justification of the Order of Selection:** The DDS/RSA continues to project an influx of 250 to 300 new applicants monthly for the remainder of fiscal year 2009 and into fiscal year 2010. The increase in referrals and new applications are a result of the Administration's aggressive outreach campaign to the unserved and underserved populations in the District of Columbia as recommended in the 2008 State-wide Needs Assessment completed in fiscal year 2008.

An Order of Selection was established in fiscal year 2008 to ensure that individuals with the most significant disabilities are selected first for the provision of services; those with significant disabilities second, individuals with a non-significant disability third, and all other non-significantly disabled individuals who can not be classified in a higher priority category fourth.

The decision to close Priority Categories will be based on availability of funds during these challenging economic times, projected number and types of referrals, and the number of eligible individuals and counselor case loads. All Priority Categories remain open at this time.

Despite the best efforts of an improved salary structure and a focused recruiting campaign, DDS/RSA continues to have a significant number of counselor vacancies. While this area is improving, most of the staff is new and inexperienced. Based on the current hiring rate to fill all available positions, we still anticipate challenges in this area.

The American Reinvestment Recovery Act stimulus funds will not impact the Order of Selection.

**Attachment 4.11 (c) (3)**State Fiscal Year 2009 Service and Outcome Goals

The following chart shows the estimated number of individuals to be served in State fiscal year 2009 by priority category and the estimated number of successful employment outcomes (Status 26 closures).

	<b>Number to be Served</b>	<b>Employment Outcomes (Status 26 Closures)</b>	<b>Projected Cost of Services</b>
<b>Priority Category I</b>	<b>2,405</b>	<b>92</b>	<b>\$3,000,000</b>
<b>Priority Category II</b>	<b>2,264</b>	<b>77</b>	<b>\$2,349,952</b>
<b>Priority Category III</b>	<b>3,619</b>	<b>125</b>	<b>\$1,999,004</b>
<b>Priority Category IV</b>	<b>2,107</b>	<b>100</b>	<b>\$ 151,044</b>
<b>Total Costs</b>			<b>\$7,500,000</b>
<b>Total 26 Closures</b>		<b>394</b>	

**Attachment 4.11 (c) (4)**

**Goals and Plans for Distribution of Title VI, Part B Funds**

The populations with the greatest need for supported employment services in the District of Columbia are persons with persistent mental illness and persons with developmental disabilities. Therefore, the Title VI, Part B Funds will be used as follows:

<b>Disability of Individuals</b>	<b>Number to be Served</b>	<b>%</b>	<b>Number to be Rehabilitated</b>	<b>Supported Employment Model</b>	<b>Projected Funding</b>
Mental Illness	300	70%	50	Job Coaching Evidenced-Based Model	150,000.00
Cognitive Disabilities	75	15%	12	Job Coaching Supported Employment	50,000.00
Traumatic Brain Injury	20	5%	1	Job Coaching	126,000.00
Other	25	10%	3	Job Coaching	24,000.00
<b>TOTAL</b>	<b>420</b>	<b>100%</b>	<b>66</b>		<b>\$300,000.00</b>

The Administration addresses the goals and plans for distribution of SE funds through enhancement of direct service staff professional competencies in service delivery to individuals with the most significant disabilities through training. The strategy will be to provide funding to support collaboration between the Administration and other community organizations through networking and leadership activities. The second goal is to utilize Title VI-B funds to achieve the maximum number of quality employment outcomes for individuals with the most significant disabilities. The strategy for this goal is twofold; 1) Title VI-B funds when exhausted will be supplemented with Title I funds in providing supported employment services specified in the Individualized Plan for Employment, and 2) Supported Employment services will be purchased based upon the established performance benchmarks. The Administration's final goal is to leverage resources for Extended Ongoing Support Services. The strategy is to collaborate with agencies for persons with disabilities to assure referrals receive full benefits from Medicaid Waiver funding of extended services. Communicate with businesses and employers to educate them about on-the-job supports for individuals in supported employment.



**(1) (A) Attachment 4.11 (d) – Strategies**

**Methods to expand and improve services to Individuals with disabilities**

**GOAL 1: Increase application requests for VR services which expand across disability type and minority groups that are unserved and underserved in the District.**

**PRIORITY**

1. In fiscal year 2010 improve and expand vocational rehabilitation services to persons with disabilities who have been unserved and underserved.

**Strategies to address this priority will include**

- a. Continue to aggressively recruit qualified vocational rehabilitation bilingual professionals to serve specialized populations from different cultural backgrounds, the deaf and hard-of-hearing, traumatic brain injury, spinal cord injury, and individuals who are blind or visually impaired customers.
- b. Expand the number of service providers that provide situational assessments, work adjustment training, job coaching, and job placement services for individuals with the most significant disabilities needing supported employment services.
- c. Incorporate in the SRC's next customer satisfaction survey a component addressing the services provided to individuals receiving services under Title VI.
- d. Provide cultural diversity and medical aspects of disability training to all staff to ensure a seamless application process and timely service delivery to individuals with the most significant disabilities who have been unserved or underserved.
- e. Partner with Community Rehabilitation Providers of supported employment services and the Department on Developmental Disabilities in FY 2010-2011 to develop a system of services that provides increased options and choices to consumers about supported, integrated, and competitive employment options.
- f. Develop a continuous quality improvement plan that evaluates the Administration's services and outcomes to meet the goals and objectives of the State Plan

**(1) (A) Attachment 4.11 (d) – Strategies**

**GOAL 2: Improve Assistive Technology Program services and devices through each phase of the rehabilitation process to individuals with disabilities and on a statewide basis.**

**PRIORITY**

1. In fiscal year 2010 integrate the Assistive Technology Program (ATP) into the operation of the Vocational Rehabilitation Program.

**Methods to expand AT services throughout VR Process in fiscal years 2009-2012**

Strategies to address this priority will include:

- a. Expand and update devices and equipment in the ATP's Resource Center.
- b. Implement training to increase counselor knowledge and skill in AT services.
- c. Develop and provide informational brochures on the role and function of the Assistive Technology Program to staff.
- d. Work with ATP staff to develop a coordinated referral process for AT services offered by the AT resource center.
- e. Increase linkages between the Assistive Technology Program resources, existing rehabilitation technology contractors and vocational rehabilitation counselors to ensure assistive technology is incorporated into customer services on a statewide basis throughout each stage of the rehabilitation process.

**(1) (B) Attachment 4.11 (d) - Strategies**

**GOAL 3: Outreach procedures to identify and serve individuals with the most significant disabilities who have been unserved and underserved**

**PRIORITY:**

1. Increase services to individuals with the most significant disabilities who have traditionally been unserved and underserved.

**(1) (B) Attachment 4.11 (d) - Strategies**

**Outreach Strategies for Traditionally Unserved and Underserved**

Strategies to address the priority will include:

- a. Utilize public service announcements to increase the visibility of the Agency.
- b. Partner with community rehabilitation organizations and providers who serve minority groups with disabilities to expand referral sources.
- c. Allocate resources to ensure informational materials regarding vocational rehabilitation services are provided in bilingual, culturally appropriate formats, where appropriate.
- b. Evaluate the application process to eliminate barriers experienced by underserved populations preventing their access to vocational rehabilitation services.
- c. Deploy counselors strategically throughout the eight (8) Wards of the District.
- d. Sponsor public community information events.
- e. Collaborate with community rehabilitation organizations that serve minorities with disabilities to increase referrals.

**(1) (C) Attachment 4.11 (d)**

**GOAL 4: In fiscal year 2010 expand the range of choices available to individuals who require Supported Employment Services.**

**PRIORITY:**

- 1. Increase customer choice and satisfaction of customers receiving supported employment services.

**(1) (C) Attachment 4.11 (d)**

**Establishing, Developing or Improving Community Rehabilitation Programs**

Strategies to address the priority will include:

- a. Ensure staff are fully trained in the area of informed choice throughout the VR process and customer satisfaction.
- b. Continue to expand the services offered in Supported Employment.
- c. Adopt a leadership role with the CRPs so that the concept of informed choice is communicated throughout the rehabilitation network.
- d. Explore training and CRP options in response to customer preferences and changing labor market needs.

**(1) (D) Attachment 4.11 (d)**

**GOAL 5: Develop a three (3) year plan to improve overall quality of services and employment outcomes by fiscal year 2012.**

**PRIORITY**

- 1. Meet or exceed all performance standards and indicators

**Performance with Respect to Evaluation, Standards and Performance Indicators**

Strategies to address the priority include

- a. Develop an employment model designed to achieve VR employment outcomes with an average wage at or above \$18.00 dollars per hour in fiscal years 2010-2012.
- b. Beginning in fiscal year 2009 increase expenditures for postsecondary training services for program consumers seeking careers in jobs that require postsecondary education training.
- c. In fiscal years 2009-2010 develop an employer network or employment outcomes database that will assist counselors to match consumer interests with employer needs and to track employment trends in D.C.

**(1) (D) Attachment 4.11 (d)**

- d. Purchase a new Case Management Information System in fiscal year 2009
- e. Develop a comprehensive policy and procedure manual in fiscal year 2009 .
- f. Develop and implement a staff development In-Service Training Program in fiscal year 2009.
- g. Expand Supported Employment Service capacity in fiscal year 2009.
- h. Recruit a Manager for the Visually Impaired and Randolph Sheppard Program in fiscal year 2009.
- i. Implement a transition action plan to include deployment of transitions specialists in D.C. Charter Schools in fiscal year 2009.
- j. Conduct a comprehensive analysis of the Administration's staffing needs in 2009 with particular attention to the need for VR counselors and the impact of staffing needs on performance goals.

**GOAL 6: In fiscal year 2010 maintain an internal review system within the Administration to assess and improve program performance and compliance.**

**PRIORITIES:**

- 1. Ensure a systematic approach to compliance monitoring and oversight that includes conducting annual "Risk Analyses" to identify areas of potential risks.
- 2. Develop and implement annual compliance monitoring plans of internal and external activities.

**Internal Review and Program Performance Strategies**

Strategies for these priorities will be to:

- a. Implement training of Quality Assurance and Federal Compliance staff.
- b. Review/revise monitoring plan based on Risk Analyses.
- c. Ensure corrective action plans are developed and implemented.
- d. Implement any corrective actions identified by other external reviewers regarding the administration of the vocational rehabilitation program.

**(1) (E) Attachment 4.11 (d)**

**GOAL 7: In fiscal year 2010 strengthen the Administration's working relationship with the Workforce Investment System.**

**PRIORITY:**

1. Increase the referrals of individuals with disabilities served by the Work Force Investment System

**Assistance to other Components of the Work Force Investment System**

Strategies to address the priority include

- a. Continue to pursue the Administration's partnership with the Department of Employment Services.
- b. Continue to pursue representation of the State Workforce Investment Board on the State Rehabilitation Council.
- c. Partner with leadership from the Workforce Investment System, employers, and appropriate stakeholders.
- d. Collaborate with CRPs, educational/training institutions, and employers to ensure a broad range of academic and career development services designed to prepare consumers for employment are available.
- e. Maintain a presence in the One Stop Career Centers and a positive working relationship with the WIA system personnel.

**(2) (A) Attachment 4.11 (d) - Strategies**

**GOAL 8: Ensure staffs are adequately trained to perform the functions of their duties.**

**PRIORITY**

1. Create an In-Service Training Program for existing and new staff in fiscal year 2009.

**Address the Needs Identified in the Statewide Comprehensive Needs Assessment**

Strategies to address the priority include:

- a. Evaluate and identify training needs
- b. Develop training plan for all staff
- c. Collaborate with TACE Center on trainings
- d. In fiscal year 2009, hire training consultant with expertise in State Agency field operations to provide one-on-one, small group, and classroom instruction to counseling staff on agency policies and procedures.

**Performance Evaluation System**

- a. In fiscal year 2009 establish performance benchmarks to evaluate training effectiveness.

**GOAL 9: Eliminate all barriers to timely service delivery by the end of fiscal year 2010.**

**PRIORITY**

1. Fill counselor vacancies guided by CSPD requirements and ensure counselors are trained in areas of policy and proficient in the procurement of purchased services.

**Service Delivery Efficiency Strategies**

Vocational Rehabilitation Service Delivery Improvement Strategies:

The Administration will:

- a. In fiscal year 2009 implement a new automated Case Management Information tracking system.

**(2) (A) Attachment 4.11 (d) - Strategies**

- b. Provide comprehensive requisite training on the criteria for establishing eligibility or ineligibility for VR services.
- c. Train on implementation of policies and procedures dealing with sobriety and time guidelines for closing and re-opening cases.
- d. Eliminate the prior approval of eligibility and restore this function to the counselor to facilitate timely eligibility determinations in fiscal year 2009
- e. Collaborate with the George Washington University Technical Assistance Continuing Education Center for training on the philosophy and core services of the Independent Living Program.
- f. Develop and implement a CRP and Vendor database with a brief description of services offered to assist counselors in service delivery.

**PRIORITY:**

- 2. Streamline the vocational rehabilitation process to be more effective and efficient to ensure timely services to consumers.

**Service Delivery Efficiency Strategies**

**VR Process Streamlining Strategies**

Strategies will include:

- a. Continue the review and clarification of the application, eligibility, and case management processes.
- b. Identify and eliminate bottlenecks in the referral procedures to ensure timely processing of applications for VR services.
- c. Develop and disseminate marketing packages for referral sources.
- d. Examine the authorization process to identify opportunities to streamline and improve the process.



**(2) (A) Attachment 4.11 (d) - Strategies**

**GOAL 10: Increase and improve working relationships with stakeholders and other community service organizations.**

**PRIORITY**

1. In fiscal year 2009 develop a responsive and accountable vendor/provider system to ensure a continuous group of qualified service providers and vendors to assist the Administration to provide quality and efficient vocational rehabilitation services.

**Vendor/ Provider Strategies**

Strategies will include:

- a. Implement an accountability system (report card) for vendors and service providers involved in providing services.
- b. Develop orientation package for new vendors/providers.
- c. Explore availability of literacy programs and the need to expand job Readiness training with CRP's for consumers with deficiencies in these areas.

**GOAL 11: Improve Transition Services**

**PRIORITY**

1. In fiscal year 2009 re-evaluate the existing transition program to ensure the Administration is effectively incorporating best practices (early identification, provision of work experiences, building leadership skills and personal interest).

**Transition Strategies**

Strategies will include:

- a. Conduct a review of the function of the Transition Unit to improve services and outcomes.
- b. Consult with the GWU TACE Center Staff for technical assistance.
- c. Increase the number of transition youth served.

**(2) (A) Attachment 4.11 (d) - Strategies**

- c. Implement needed organizational adjustments and staff training.
- d. Expand network of potential liaisons and referral sources to reach out to youth and families to offer transition services.
- e. Assign Transition Specialists to act as liaisons in DCPS schools to maintain contact, receive referrals and collaborate on the provision of transition services.
- f. Review job descriptions to ensure roles and responsibilities are clearly delineated.

**(2) (B) Attachment 4.11 (d) – Strategies**

**STATE STRATEGIES FOR TITLE I FUNDS FOR INNOVATION AND EXPANSION  
FOR FISCAL YEAR 2010-2013**

Based on findings of the Statewide Comprehensive Needs Assessment, DDS/RSA goals and priorities, and commitment to serving individuals with the most significant disabilities who are minorities and ensuring equal access among various cultural groups and disability types to VR and SE services, in fiscal years 2010-2013, the Administration will implement Innovation and Expansion (I&E) funds and program strategies in the following areas:

- Develop an assortment of marketing materials in (English Spanish, and French): tabletop displays, brochures, pamphlets, and flyers to market DDS/RSA employment services to businesses, referral sources, potential consumers, and their families.
- Use I&E funds to sponsor Transition workshops intended to target vocational rehabilitation counselors, educators, and high school personnel, community rehabilitation providers working with youth and parents.
- Support the District of Columbia State Rehabilitation Council and the State-wide Independent Living Council as required in Section 101(18)(A) of the Rehabilitation Act of 1973, as amended in 1998 and consistent with their resource plans prepared under Section 705(e)(1) of the Rehabilitation Act and 34 CFR §364.21 (i).

## **(2) (B) Attachment 4.11 (d) – Strategies**

### **Overcome Barriers related to Equitable Access to and Participation of Individuals with Disabilities in the State Vocational Rehabilitation Program and the State Supported Employment Services Program.**

Based on the summary of the District Wide Comprehensive Needs Assessment compiled by Dan Hopkins and Associates, Inc., September 5, 2008 and the Fiscal Year 2008 Monitoring Report on the Vocational Rehabilitation and Independent Living Programs in the District of Columbia by the U.S. Department of Education, RSA, September 12, 2008, both report the Administration faces enormous but surmountable challenges as it seeks to improve its performance and the quality of VR services provided to individuals in the District of Columbia. Among these barriers, maintaining sufficient qualified staffing in all areas to insure quality vocational rehabilitation services are provided to individuals while maintaining sufficient staffing levels in other program operations to support the Administration's overall performance is most critical.

The Administration is working to address the following barriers:

- Increasing the number of individuals who apply to the program, are served by the program and achieve high quality employment outcomes as a result of receiving services;
- Serving more transition aged youth.
- Providing Supported Employment Services to more individuals
- Providing high quality VR services either directly or through CRPs;
- Managing its fiscal resources to avoid interruption of services during the fiscal year;
- Maintaining sufficient staffing levels in all areas to insure the quality of services provided to individuals;
- Implementing a new Case Management System that will allow for more effective data reporting and tracking of fiscal obligations;
- Coordinating staffing resources and functional assignments under the new organizational structure;
- Collaborating with a newly constituted SRC to ensure that the newly appointed members
- Understand their roles and responsibilities; and
- Effectively forecasting and coordinating programmatic and fiscal resources.

## **Attachment 4.11 (e) (2)**

### **Evaluation and Reports of Progress in Achieving Identified Goals and Priorities and Use of Title I Funds for Innovation and Expansion Activities**

#### **Introduction**

The Administration, in collaboration with the District of Columbia State Rehabilitation Council, and public hearing established the following goals and priorities for federal fiscal years 2009-2011. Described in this section is the Administration's performance in achieving the federal performance standards and indicators for federal fiscal year ending September 2008. This attachment further describes the Administration's progress in achieving the goals and priorities outlined in the 2009 State Plan. The progress for these goals is based on federal fiscal 2008-2009 data.

#### **DDS/RSA GOALS AND PRIORITIES: FFY 2008-2010**

**Goal 1:** The DDS/RSA will create programs and services directed specifically to youth with disabilities in the District of Columbia in cooperation and coordination with other youth entities to develop creative and innovative projects:

##### Performance:

The DDS/RSA, DCPS, and the U.S. Department of Labor coordinated the development of a youth transition program. This program called "Project SEARCH" is a replica of the successful model that was implemented at the Children's Hospital Medical Center in Cincinnati, Ohio. The goal of the program is for each student to participate in a variety of internships and to obtain employment in the community and/or within the Federal government by August 2009.

The DDS/RSA has held meetings with the Environmental Protection Agency (EPA) to create a pilot program that will assist youth with disabilities to gain work. The goal is to assist the youth to secure competitive employment in vacant positions within EPA following their work experience by September 30, 2009.

The DDS/RSA and DCPS through a Memorandum of Agreement will schedule and provide training to the DDS/RSA transition specialist on accessing the DCPS Easy IEP automated system. This training will allow the transition specialists to review and retrieve the IEPs of youth exiting secondary school and transitioning to the VR program. The draft MOA is completed and is undergoing legal sufficiency review and will be executed by September 30, 2009.

#### **Attachment 4.11 (e) (2)**

##### Strategies:

- Create work experiences for transitioning youth.
- Re-evaluate existing transition programs to ensure we are effectively incorporating best practices (early identification, provision of work experience, building leadership skills, and personal interest).
- Identify and implement (formalize) training modules for transition staff to use with youth.

**Goal 2:** The DDS/RSA will create a work environment that value continuous improvement and has as its goal to meet or exceed all federal standards and indicators.

##### Performance

The DDS/RSA completed its evaluation of bids for a new automated Case Management Information system and has selected a system that will provide the capability to create various analytical reports based on any information present in the application database. These reports will allow the Administration to improve policies, resource allocation and accountability. The new system is expected to be operational in the first quarter of fiscal year 2010.

As a result of the findings from the 2008 City-Wide Comprehensive Needs Assessment, DDS/RSA is developing a staff development plan to ensure that the vocational rehabilitation specialist/counselors and support staff are fully trained to perform their duties. The training will include but not be limited to the following: policy and procedures manual, case management, case documentation, case planning, assessment, job development, job placement, assistive technology, ethics, follow-up, and services. Training will commence in fiscal year 2009, and will continue through fiscal year 2010.

The DDS/RSA Quality Assurance and Federal Compliance Office will play a major role in monitoring and evaluating case management activities, service delivery, customer satisfaction, and employment outcomes in fiscal years 2010-2012.

#### **Attachment 4.11 (e) (2)**

##### Strategies:

- Budget and purchase a new Management Information System
- Create automated database that generates federal reports for compliance and timely reporting.
- Train all professional staff on revised policies and procedures including compliance with federal and District regulations.
- Develop best practices Quality Assurance and Quality Improvement component of DDS/RSA that links program outcomes and employee performance.

**Goal 3.** Create new relationships and improve existing relationships with its mandated partners and stakeholders that include the WIC, SRC, SILC, and the BVC.

##### Performance:

In August 2008, the DDS/RSA staff submitted a slate of candidates for consideration of appointment to the SRC and the SILC to the Mayor's Office on Boards and Commissions to facilitate the appointment process of members to both Councils.

During fiscal year 2009 the Administration has a newly seated SRC and SILC. The SRC received its initial orientation by the DDS/RSA staff and the TACE Center staff on May 5, 2009. The Deputy Director welcomed the newly appointed members to the SRC and strongly emphasized the role of the SRC as a partner with the DSU. The newly appointed SRC received a copy of the DCRSA draft policy and procedure manual, the 2009 approved State Plan, and a copy of Section 105 outlining the duties and responsibilities of the SRC. The SILC initial orientation was scheduled July 23, 2009. The DDS/RSA will continue to assist the Mayor's Office on Boards and Commissions until all categories are filled on both Councils.

In January 2009, the Administration hired a manager to head the Blind and Visually Impaired Services Unit. The Chief of the Blind and Visually Impaired Services Unit's tireless efforts improved the existing relationship between the DDS/RSA and the BVC through a series of meetings with the BVC to address their concerns. Additionally, the Chief in collaboration with the General Services Administration is developing a five (5) year strategic plan to improve customer service and to obtain recommendations on facility upgrades to keep pace with the current workforce and market trends.

#### **Attachment 4.11 (e) (2)**

The Director of the Department on Disability Services has been attending the WIC meetings but has not been appointed to the WIC.

##### Strategies

- Review the legal mandates for working with these entities and develop long term strategies to maximize the benefits for DDS/RSA consumers.

##### Impediments

- As a result of a lack of understanding regarding the VR Program and its federal requirement to have a legally functioning SRC and SILC, the DSU experienced a great delay in seating the Councils. As of June 2009 council members are continuing to be appointed. This delay caused the Office of the Attorney General of the District of Columbia to issue an Administrative Alert to the Mayor of the District of Columbia to address this issue.
- The DSU has no explanation as to why the DDS Director has not been appointed to the WIC.

**Goal 4.** The DDS/RSA will increase the number of employment outcomes that are meaningful and consistent with the customer's IPE.

##### Performance

During fiscal year 2008, the DDS/RSA exceeded its employment outcomes from the previous year by a minimal margin. The DDS/RSA will utilize the 2008 City-Wide Comprehensive Needs Assessment findings and the fiscal year 2008 Monitoring Report on the Vocational Rehabilitation and Independent Living Programs findings to address enhancing the skills and qualifications of existing staff.

##### Explanation of Performance

To improve performance, the DDS/RSA must conduct a comprehensive analysis of staffing needs, with particular attention to the needs of the VR counselors and the impact of staffing needs on agency performance goals by September 30, 2009.

##### Impediments

- Lack of a comprehensive staff development plan for all staff, enforcement of the Comprehensive System of Personnel Development (CSPD) personnel standards, a policy and procedures manual, and succession planning.

## **Attachment 4.11e (2)**

- Goal 5. The DDS/RSA will improve through creative and innovative program services including improved assistive technology services, and programs for supported employment, persons with severe mental illness and traumatic brain injury, youth and adult offenders and those with limited literacy skills.

### Explanation of Performance

The District-Wide Comprehensive Needs Assessment completed on September 5, 2008, evaluated the assistive technology capacity of the Administration. The findings revealed the Assistive Technology Program (ATP) is neither serving the needs of VR professionals nor its consumers. The Administration has established the following plan of action to improve its capacity to provide assistive technology services that meet the needs of its counselors and consumers: Beginning in fiscal year 2010 expand and up-date the devices and equipment within the ATP Resource Center. Ensure a more proactive role is taken in the coordination with technology vendors and rehabilitation counselors for the provision of technology needs, issues, and services to consumers. Work with technology vendors to coordinate training programs on state-of-the-art technology for DDS/RSA staff, community rehabilitation programs, and other rehabilitation partners. Establish a process of accessing information on ATP uses by consumers that expands across disability types. The Administration will consider hiring at least one (1) AT staff person to serve as a liaison between the AT program and DDS/RSA staff.

### Performance

The arbitrary limit of 34 consumers who could receive SE services at one time was eliminated in fiscal year 2009. To ensure that consumers needing SE services continue, Title I funds will be distributed when DDS/RSA allocated Title VI funds are expended. The Johnson and Johnson Evidenced Based Model is being used to increase the number of consumers eligible to receive services. The DDS/RSA has developed and expanded the number of Human Care Agreements/ Professional Service Contracts which will substantially increase the number of consumers receiving SE services.

The Administration is working simultaneously to remedy its deficiencies while making every effort to develop formal cooperative relationships with the following agencies: Addiction Prevention Rehabilitation Administration, Department of Youth Rehabilitation Services, and Child and Family Services Administration.



#### **Attachment 4.11e (2)**

- Goal 6.** The DDS/RSA will continue to work collaboratively with its partners to update all Memoranda of Agreement and Understanding by October 30, 2009. To date, the Administration has updated five (5) of its MOAs.

Explanation about Performance:

The Administration has no explanation as to the delay in the bureaucracy finalizing the majority of these Agreements by our partners. However, we will continue to make every effort to ensure the Agreements are executed by October 30, 2009.

Impediments

Lack of cooperation, staffing issues with some partners, and levels of review required in the approval process.

- Goal 7.** The DDS/RSA will continue to recruit and retain a diverse and qualified staff that is committed to the DDS/RSA mission and vision for the District of Columbia.

Performance:

During fiscal year 2009, the Administration was successful in recruiting six (6) new vocational rehabilitation counselors who are bilingual, multicultural, and individuals with disabilities. Four (4) managers eligible to retire were promoted, and four (4) counselors were promoted to supervisory vocational rehabilitation specialist in May 2008.

Strategies:

- The DDS/RSA requested information from colleges and universities to obtain a schedule of their career days or job fairs for graduating students to ensure DDS/RSA employment opportunities were represented. Arranged usage of their web-sites to post DDS/RSA vacancy announcements.
- The DDS Director implemented a career ladder for VR Specialists from the grade 9 to the grade 12 level.

- Goal 8.** The DDS/RSA will continue to meet with the DDS public information officer and update all program area brochures, fact sheets, and displays to increase our awareness and enhance our visibility in the District of Columbia.

## **Attachment 4.11e (2)**

### Performance

The DDS/RSA staff met with the DDS public information officer and updated program area brochures. The Deputy Director designated staff to form a committee of counselors and supervisors to identify marketing materials for display at job fairs, schools, and community meetings to increase the Administration's visibility. The marketing materials will be purchased by September 30, 2009.

### Strategies:

- Met with the DDS Public Information Officer to develop a work plan.
- Drafted the work plan for implementation
- Implemented the work plan to update the marketing materials

## **Goal 9.**

The DDS/RSA, in conjunction with the DDS Systems Planning Committee, will continue to upgrade the infrastructure of the Management Information System.

### Performance:

The Administration has completed its selection of a new web-based case management information system that will be purchased by September 2009.

### Strategies:

- Established a systems planning committee.
- Committee objective was to update the current infrastructure of the management information system.
- Explore best/most promising practices from other states. Develop a Request for Information (RFI) to evaluate current market conditions, cost of VR case management software, and vendor qualifications.
- Survey business processes applicable to software selection, software product type and project timelines.
- Made on-site visits to other state agencies.
- Reviewed and analyzed RFI from vendors and developed an action plan.

**Attachment 4.11e (2)**  
**Standards and Indicators**

**DDS/RSA exceeded all RSA requirements for performance on the standards and indicators except indicators 1.5 and 2.1.**

**Standard 1: Quality Employment Outcomes**

**Performance Indicator 1.5**

The data indicates that for Performance Indicator 1.5 in the District of Columbia, the ratio was 0.354 which is below the RSA minimum performance level of 0.52.

**Explanation about Performance:**

This indicator has continued to be a significant challenge to the Administration, however, based on the findings of the 2008 District-Wide Comprehensive Needs Assessment, the employment outlook for the District is reported to be very favorable. The employment opportunities range from low-skilled workers to highly-skilled workers and professional levels with 90% of these opportunities being service based. To improve performance outcomes, the Administration is emphasizing employment and the implementation of service delivery strategies designed to achieve quality employment outcomes. The Administration achieved its fiscal year 2008 employment outcomes by a small margin. The effort to further improve our employment outcomes and increase the number of individuals served is continuing.

**Standard 2: Equal Access to Services**

**Performance Indicator 2.1**

Ratio of minority to non-minority service rate: The data indicates that in Performance Indicator 2.1, the service rate for all individuals with disabilities from minority backgrounds, as a ratio to the service rate of all minorities to non-minority individuals with disabilities was 0.742 in the District of Columbia, which is below the federal benchmark of 0.80.

**Explanation about Performance:**

The Administration has reviewed the findings from the District-Wide Comprehensive Needs Assessment and will utilize the data to develop outreach strategies as a major initiative targeted at outreach to ethnic minorities who are underserved or unserved residents of the District of Columbia. The Administration is planning a direct consumer marketing approach to this population in September 2009. The event will be an all day information fair to be held at the Walter Washington Convention Center in the District.

#### **Attachment 4.11(e) (2)**

Community Rehabilitation Providers and Vendors will be invited to disseminate information and brochures describing their services to those in attendance. As a result of the Administration's aggressive outreach efforts, we anticipate a substantial increase in applications for VR services in fiscal year 2010.

#### **Innovation and Expansion Projects**

In fiscal year 2008 there were no funds set aside for Innovation and Expansion Projects. However, during the preceding year which was 2007 DDS/RSA set aside Title I Section 110 funds for the purpose of conducting the District-Wide Comprehension Needs Assessment. The final report was submitted on September 5, 2008. The newly hired Deputy Director, Roy Albert, assumed his leadership of the DDS/RSA on September 2, 2008.

Since assuming his role as the Deputy Director, he has conducted several internal evaluations and analyses and established priorities consistent with the recommendations and corrective actions from the 107 Monitoring Report, and the recommendations and findings from the above cited needs assessment. With his expertise and under his direction, the Administration is now poised to explore the development and implementation of innovative approaches to expand and improve the provision of vocational rehabilitation services to individuals with disabilities under this State Plan, particularly individuals with the most significant disabilities, consistent with the findings of the statewide assessment identified in Attachment 4.11(a).

Discussions are currently underway to explore the newly seated SRC and SILC activities for fiscal year 2010, promising practices in assistive technology to expand these services across disability types.

## Attachment 6.3

### Quality, Scope and Extent of Supported Employment Services

The two programs are operated by an inter-agency committee. Members of the committee are representatives from the vendor, the extended service provider and the Vocational Rehabilitation Services Division, DDS/RSA staff. All decisions are made jointly and include the following: (1) Entrance- who and when? (2) Fading- when does the job coach begin to fade from the worksite? and (3) Extended Services- when do they begin? DDS/RSA has identified two populations that require the use of supported employment services: persons with severe and persistent mental illness and persons with intellectual disabilities and other developmental disabilities. The providers provide supported employment services to persons with severe and persistent mental illness, and persons with developmental disabilities. Other persons require a job coach model of placement but do not require the extended services as provided under the provisions of supported employment services. During the State Change Grant, a decision was made that a natural support model was the most normalizing.

Each provider provides individualized services to consumers. The effort is geared toward competitive placements in an integrated work environment. At times, a company or a government agency may hire several customers, but the customers are not placed within the same work area to ensure an intergraded work setting.

Consumers with their rehabilitation counselor's assistance exercise their informed choice to select the area of their vocational goal. If a client changes that goal during the supported employment process, a discussion with the counselor is completed. Every effort is made to ensure customers are placed in jobs that are consistent with their interests and abilities. The "any job will do" is no longer sufficient.

Employment Specialist/Job Coaches spend valuable time with consumers teaching them the routine of the tasks required and assuring that they know who to ask when assistance is needed. Time is spent with the person on the worksite who is identified as the natural support person. The person identified as the natural support has completed training in techniques and strategies to assist the assigned client to complete tasks required and identify the areas in which prompting may be appropriate in order to assure accurate completion of all assigned work tasks. The assigned client is also provided with the name and telephone number of the Job Coach for the purpose of notification if there are significant problems.

### **Attachment 6.3**

The supervisor also receives training in order to assure that if the primary support person leaves, another person can be identified who is willing to accept that role. Contacts are made with the client on an as-needed basis. Additional follow-up contacts are made each month with the supervisor to ensure problems are identified early in the employment process and consumers receive the assistance they need to maintain employment.

The Employment Specialist also provides travel training. The Employment Specialist makes certain that transportation passes are available to assist the client in his/her job retention. Additionally, all decisions are discussed jointly by the committee and with the client. Issues are seldom presented to consumers by only one party to ensure consumers see the group as united toward their goal of employment. Supported Employment providers are monitored as are all providers. Some visits are announced while some are unannounced. The services being provided are reviewed and a report is returned to the Vocational Rehabilitation Services Division that includes the monitors' observations regarding the program. Problems are discussed with the provider and, when necessary, a corrective action plan is developed and implemented.